

PRECISION OCULAR NETWORK
CORPORATE CARD PERSONAL TRANSACTION REPORT

****IMPORTANT! A copy of this form must be e-mailed to payroll@advancingsight.org
AND uploaded as a receipt in Bill S&E.****

Date of Purchase: _____

Vendor Name: _____

Explanation of Charge	Amount
	\$

My signature below indicates the above transaction is of personal nature and was not intentionally charged to Precision Ocular Network. The amount listed above will be deducted from my next paycheck. I understand that any attempt to falsify information regarding my PON-issued MasterCard is grounds for disciplinary action.

Name (Printed)

Title

Signature

Date

Bill Spend & Expense Instructions: Attach a signed copy of this report as the receipt for the transaction. Use "Undetermined" for category AND class and note "non PON expense, to reimburse" in the Description field.