



## Affidavit of Personal Charge

**\*\*IMPORTANT! A copy of this form must be e-mailed to [payroll@advancingsight.org](mailto:payroll@advancingsight.org)  
AND uploaded as a receipt to your Bill S&E Transaction\*\***

Transaction Date: \_\_\_\_\_

Transaction Amount: \$ \_\_\_\_\_

Vendor / Merchant Name: \_\_\_\_\_

Explanation of Charge: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*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 any attempt to falsify information regarding my PON-issued credit card is grounds for disciplinary action.*

Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

### **Bill Spend & Expense Instructions:**

*Upload this signed affidavit as the receipt for your transaction. Use "Undetermined" for category AND class and note "non PON expense, to reimburse" in the Notes field.*