



University of Virginia's College at Wise
Purchasing Card Transfer Request Form

Date of Purchase: _____

Last 6 numbers on card: _____

Name on Card: _____

Vendor Name: _____

Total Purchase Amount: _____

Amount to Transfer: _____

Project to Charge: _____

Award to Charge: _____

Organization to Charge: _____

By signing this form I authorize Procurement Services to make this transfer and that all parties involved have been contacted and approve this transaction.

Signature: _____

Date: _____

**Please send the completed form to Elizabeth Moore
Resource Center or e-mail to mem3m@uvawise.edu**