

State of Rhode Island
Department of Administration



PURCHASE CARD PROGRAM

PURCHASE CARD AUTHORIZATION FORM

The attached invoices/receipts pertain to this month's purchase card charges. I hereby state that the items and totals listed are proper charges against the STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS.

FUND AGENCY: _____

DEPARTMENT NAME: _____

MONTH ENDING: _____

TOTAL AMOUNT APPROVED: \$ _____

AUTHORIZED AGENT: _____ DATE: _____