

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.

FUND AGENCY:	
DEPARTMENT/CARD NAME:	
MONTH ENDING:	
TOTAL AMOUNT APPROVED:	\$
AUTHORIZED AGENT:	
	DATE: