



## P-Card Refund Distribution Form

Employee Name:

Employee ID:

Cardholder Name/Phone Contact#:

Department Name:

FUNDING SOURCE:

Pcard Billing Period(s):

Itemized P Card Transactions			
DATE OF PURCHASE	TRANSACTION ID#	*DESCRIPTION	AMOUNT
*Attach copy of receipt(s)			TOTAL CHARGES

Itemized P Card Reimbursement			METHOD OF REPAYMENT		AMOUNT
DATE	DESCRIPTION		Check or Money Order #	*Number of Payroll Deductions	
TOTAL REIMBURSEMENT					

**PAYROLL DEDUCTIONS:**

I, the undersigned, hereby acknowledge my financial obligation to Florida A&M University of the amount provided herein. I authorize Florida A&M University to payroll deduct the selected amounts indicated on the P-Card reimbursement form above in accordance with the selected number of payroll deductions. I agree to submit a check and/or money order in accordance with my election. All returned checks will be subject to a fee in accordance with Section 2.2.1 (3b) Returned Check Procedure Guideline in the Cash Collection and Control Manual.

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

\_\_\_\_\_ Date

**NOTE:** Complete and submit this form to the Controller's Office along with your Check or Money Order made payable to Florida A&M University with a copy of your driver's license. In addition, please scan and email a completed copy of this form only to Pcardcompliance@fam.u.edu.