



Institute of Arctic Biology

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CUSTODIAL CARD CHECKOUT FORM

TEMPORARY CARDHOLDER NAME:		TODAY'S DATE:	
FACULTY SPONSOR:		ESTIMATED CARD RETURN DATE:	

CARDHOLDER SIGNATURE:

By signing above, you (the cardholder) accept responsibility of all card activity that occurs while in your possession. Deviation from the purchase types described below, without prior notification, may result in immediate revocation of current and future custodial card permissions. Please consult the Unallowable Purchases handout for questions and/or contact the IAB Business Office if you are unsure of allowable activity.

Receipts are due no later than one (1) week following the purchase date (or upon card return, whichever comes first).

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SINGLE PURCHASE LIMIT:

CARD #:

Item Description (ex. Project supplies, lab supplies, fuel, etc)	Estimated Cost	Fund/Org

Estimated Total:

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Fiscal Approval:

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Date:

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PI Approval:

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Date:

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