The College of William and Mary
GE MasterCard Payment Form

The GE MasterCard Payment Form must be completed in order to request payment of monthly statements for the departmental small purchase card. Attach the original statement, and send to Accounts Payable for processing. Keep a copy for departmental records.

Department: _____

Cardholder's Name: _____

Card Number: _____

Statement Closing Date: _____ Total Amount: _____

Cardholder's Signature: _____

Banner Account Distribution:

Activity and Location are ONLY required for selected departments.

Index (Required)	**Account** (Required)	Activity (Optional)	Location (Optional)	**Amount** (Required)

Purchases Log – Complete the information below for each item purchased during the statement period. Use the GE MasterCard Purchase Log Continuation Sheet if necessary.

Purchase Date	Vendor	Item Description	eVA P.O. Number	Index	Account	Amount

"I hereby certify that this payment is for goods and services in accordance with all state regulations."

Approved for payment by: _____

Signature of approving official for the Banner index(es) being charged **Date**

Revised June 2007