

# MIT DIVISION OF STUDENT LIFE

## 7 J7 VERIFICATION FORM

Please send the form and attached receipts to SAO (W20-549)

Cardholder's Name:  Receipt Date:

Vendor Name:

Amount Charged:  Account #:

Description of purchase\*\*:

Business Reason: (why purchased and who benefits)

**\*\* COMPLETE THIS SECTION FOR FOOD OR OTHER MEETING-RELATED EXPENSES**

Date of meeting (if different from above):

Number of Attendees:

Attendee names (if 10 or fewer) or group name:


Reason for meeting:

Topic of discussion:

Cardholder Signature:  Date Signed:

**For Verifier Use Only:**

Verification Date:  Verified By:

SAP Document No:  G/L Account: