DIXIE STATE UNIVERSITY
ST. GEORGE, UTAH

Reallocation of Purchasing Card Expense Form

Name of Cardholder _____

Today's Date _____

For Statement Ending the 7th day of _____ , 20____

Please move the charges listed below and credit my default index code.

My default index code is _____

Amount	Index Code to be Charged*	Vendor	Date of Original Transaction
$			
$			
$			
$			
$			
$			
$			
$			
$			
$			
$			
$			
$			
$			
$			
$			

Signature of Cardholder _____

*Approval of other Budget Administrator if necessary _____

*If you are charging an index code that is outside your area, please have the budget administrator being charged initial this form. Then forward to Purchasing for processing.