

**GEORGE MASON UNIVERSITY
APPROVAL FOR AMERICAN EXPRESS SMALL PURCHASE PAYMENT**

**THIS FORM MUST BE SENT WITH YOUR MONTHLY STATEMENT IMMEDIATELY TO:
ACCOUNTS PAYABLE, MSN 3C5, EXT. 3-2580**

Department _____ Statement Closing Date _____
 Cardholder _____ Total Statement Amount * _____
 Card Number _____

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

CARDHOLDER SIGNATURE: _____
 (Sign in Red or Blue Ink)

| ACCOUNT CODE | INDEX NUMBER* | TOTAL AMOUNT |
|---|---------------|--------------|
| 73090 - Services | | |
| 74090 - Supplies | | |
| 74091 - Equipment \$1,000 - \$2,000 | | |
| 73830 - Airline and other Public Carriers - <i>Employees and other non-candidates</i> | | |
| 73832 - Airline and other Public Carriers - <i>Candidates</i> | | |
| *TOTAL AMOUNT (MUST AGREE WITH STATEMENT TOTAL) | | |

Review and Approval: _____
 Cardholder's Supervisor (Sign in Red or Blue Ink)

NOTE: THIS FORM MUST BE SIGNED BY YOUR SUPERVISOR EVEN IF YOU HAVE SIGNATURE AUTHORITY ON THE INDEX.

*Obtain signatures below for any charges to indexes on which your supervisor *does not have signature authority*:

| | |
|---------------------|---|
| <u>Index Number</u> | <u>Signature of Approving Official on Index</u> |
| _____ | _____ |
| _____ | _____ |

***FOR CHARGES TO GRANTS ONLY:** If you are charging a grant, this form and a complete copy of your American Express Cardholder Statement should be sent to the Office of Sponsored Programs, MS 4C6 by the 8th of each month. OSP will forward the approved statement to Accounts Payable by the 10th of each month.

Office of Sponsored Programs: _____ Date: _____

THIS FORM IS DUE IN ACCOUNTS PAYABLE BY THE 10th OF THE MONTH.