STEPHEN F. AUSTIN STATE UNIVERSITY

T-CARD DOCUMENTATION AND PROBLEM RESOLUTION FORM

Transaction Date: _____ **Charge Amount:** $_____

Vendor Name: _____

Travel Request/Authorization Number: _____

Provide in detail an explanation of any problems associated with this T-Card purchase: _____

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Cardholder Signature Printed Name

ATTACH TO RECEIPT/INVOICE FOR DOCUMENTATION AND AUDIT PURPOSES