

**MSU Extension Health & Nutrition
P-Card Receipt Documentation**

RECEIPT INFORMATION

Cardholder Name:

Purchased On Behalf of:
(if different)

FOR PROGRAMMING:

Class Date:

Group Name:

Audience:

Number of Participants:

Class Location:

Location County:

Participant Fees Charged?: Yes No

Funding Source:

Curriculum:

Lesson Name:

Recipe:

Recipe Modifications:

Additional Information:

FOR NON-PROGRAMMING

Funding Source:

Business Purpose:

Affix Receipt Here