



NEBRASKA
WESLEYAN
UNIVERSITY

VISA Pcard

Card Name: _____
Last 4 digits

Cardholder: _____
Print

Signature Date

Approval: _____
Print

Signature Date

* **Attach original receipts**

* **Print and attach Statement Review**

* **Forward to the Approver for their review and signature**

* **Approver - Forward to the Business Office after approvals are completed**