



Pcard submissions made easy!

Please include the following documents (in the order listed below):

1. DocuSign Cover Form



2. Your US Bank Statement Organization Short Name: **STWISC**



3. Receipts, invoices, conference outlines, and/or purchase documents



DocuSign Envelope ID: ABAE119E-6D13-4E59-A069-014E35A3580

Purchasing Card Statement Submission Form

Instructions: Use this form to submit purchasing card statements and supporting documentation to the Procurement office in Business Services. This form is set up as a DocuSign PowerForm.

The initiator of the form will provide the cardholder and supervisor contact information to route the form, along with the purchasing card statement and documentation to be approved. Business purpose information should be provided on the PDF statement before uploading to DocuSign. The purchasing card statement and supporting documentation will be attached using the file attachment control at the bottom of this form.

By initiating this form:

- The initiator will receive a notification email that can be used to track the approval of the form.
- The cardholder will receive a notification to review and approve the attached statement and supporting documentation below (this will often be the same person as the initiator).
- The cardholder's supervisor will receive a notification to review and approve the attached statement and supporting documentation.
- Once the supervisor has signed, the initiator, cardholder, cardholder's supervisor, and the Procurement office purchasing card email (pcards@uwlaax.edu) will receive a copy of the completed form.

More information about using this form can be found on the following KnowledgeBase page:
<https://ks.uwlax.edu/business-services/forms/purchasing-card-statement-submission>

Cardholder Approval

Steve Dennis
4FAEA17C06804ED...

Supervisor Approval

Steve Dennis
Supervisor Signature

2/7/2024 | 4:06 PM CST
Date Signed
Steve Dennis | sdennis@uwlaax.edu

2/8/2024 | 8:37 AM CST
Date Signed
Steve Dennis | sdennis@uwlaax.edu

Attachments

For questions about using this form, please contact pcards@uwlaax.edu.

Last updated: December 8, 2022

Cardholder & Supervisor signatures

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ACCOUNT NUMBER XXXX-XXXX-XXXX
STATEMENT DATE: 02/07/2024

"MEMO STATEMENT ONLY"
DO NOT REMIT PAYMENT

Steve Dennis
Business Services
1725 State Street
La Crosse WI 54601

For Transactions posted between 01/16/2024 and 02/02/2024

Trans Date	Post Date	Merchant	City, State	Reference Number	Orig Cur.	Tax	Amount
01/23/24	01/24/24	TVUNG 9285889979 SALE	770-291-8219, GA	2423774023700895793661	18.00	0.00	18.00
Reference Funding to:		Business Purpose: Professional development - Korea - flight delay and rechecked through Travel Inc.					
01/27/24	01/29/24	AMERICAN AIR2014427427081	FORT WORTH, TX	2403594027634001195756	30.00	0.00	30.00
Reference Funding to:		Business Purpose: Professional development - Korea - checked luggage for overseas flight					
01/29/24	01/30/24	HYATT REGENCY ATLANTA	ATLANTA, GA	24943056029723904824370	1,363.50	0.00	1,363.50
Reference Funding to:		Business Purpose: Professional development - Korea - hotel stay for conference					

ACCOUNT SUMMARY	
PURCHASED FEES & ADJUSTMENTS	\$1,411.50
DISPUTE AMOUNT	\$0.00
CREDITS	\$0.00
STATEMENT TOTAL	\$1,411.50

Steve Dennis
02.07.2024
Supervisor Signature

List all "Business Purposes"

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Fee Receipt
Receipt #: 18259495

Date	Reference Description	Receipt Amount	Form of Payment
01/23/2024	Traveler: Call in At No Equity Car Exchange No Visitor	\$18.00	XXXXXXXXXXXX1626

Printed: Tue, Jan 23, 2024 09:33 AM
Generated by: Travel Incorporated
Official Receipt

Ensure documents are clear and easily readable

DocuSign Envelope ID: ABAE119E-6D13-4E59-A069-014E35A3580

INVOICE

1725 State St
La Crosse WI 54601
United States

Confirmation No. 4922729201
Group Name NASPA Inst Aspiring VIPs Student Affairs

Room No. 1034
Arrival 01-23-24
Departure 01-28-24
Folio Window 1
Folio No. 2758644

Date	Description	Charges	Credits	
01-23-24	Accommodation	229.00		
01-23-24	Room Sales Tax	20.38		
01-23-24	Room Occupancy Tax	18.32		
01-23-24	State Hotel-Motel Fee	5.00		
01-24-24	Accommodation	229.00		
01-24-24	Room Sales Tax	20.38		
01-24-24	Room Occupancy Tax	18.32		
01-24-24	State Hotel-Motel Fee	5.00		
01-25-24	Accommodation	229.00		
01-25-24	Room Sales Tax	20.38		
01-25-24	Room Occupancy Tax	18.32		
01-25-24	State Hotel-Motel Fee	5.00		
01-26-24	Accommodation	229.00		
01-26-24	Room Sales Tax	20.38		
01-26-24	Room Occupancy Tax	18.32		
01-26-24	State Hotel-Motel Fee	5.00		
01-27-24	Accommodation	229.00		
01-27-24	Room Sales Tax	20.38		
01-27-24	Room Occupancy Tax	18.32		
01-27-24	State Hotel-Motel Fee	5.00		
01-28-24	Via	XXXXXXXXXXXXXXXXXXXX3825 XXXXX	1,363.50	
Total		1,363.50	1,363.50	
Guest Signature		Balance	0.00	

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the necessary action, company or association fails to pay for any part of the full amount of these charges.

World of Hyatt Summary

Membership: XXXXXX822T
Bonus Codes:
Qualifying Nights: 5
Eligible Spend: 1,145.00
Redemption Eligible: 0.00

Please share your thoughts directly with our General Manager. You may call 404-405-9457 and leave your contact information or email quality@hyatt.com

For inquiries concerning your bill, please call 888-588-6308

Please remit payment to:
Hyatt Regency Atlanta
P.O. Box 100852
Atlanta, GA 30384

Click logos for links



DocuSign



On-line Access



KnowledgeBase - reference for: policies, forms, resources, and reports



Have a question? Let us help!



<https://www.uwlax.edu/business-services/pcard/>



E-mail Pcard submissions to: pcards@uwlaax.edu