

To:

From:

Re: Foundation Credit Card Statement for the Month of

Attached is the Foundation credit card statement for _____ for the month of _____ including all supporting documentation required per Foundation policy. I certify that all expenditures included on this statement are allowable expenditures per Foundation policy and a detailed business purpose for each expense has been documented. All itemized invoices/receipts have been included. If a detailed invoice or receipt is not available, in lieu of such invoice or receipt, I have included the Missing Receipt Form.

Card Holder Signature: _____

Approved By: _____

By signing above, the dean/director certifies that (a) no goods or services being paid for or reimbursed via this credit card were procured from an LSU employee or an LSU employee's immediate family, or a company owned by an LSU employee or an LSU employee's immediate family, and (b) funds are expended for the purpose designated by the donor in accordance with the terms and conditions established by the donor, as well as the policies and procedures established by the LSU Foundation.

Approval per Uniform Affiliation Agreement (if required): _____
University Administrative Official