

**BARNARD COLLEGE
MASTERCARD FORM**

Department: -----
Contact: -----
Extension: -----
Email: -----
Account to Bill: -----

Name of Vendor: -----
Date of Transaction: -----
Total Amount Spent: \$-----

Description of Transaction:

AUTHORIZED SIGNATURE

DATE

**Return completed form to the
Purchasing Department, 114 Altschul or via email to purchase@barnard.edu.**

PLEASE MAKE A COPY FOR YOUR RECORDS. THANK YOU.