LONGWOOD UNIVERSITY

BANK OF AMERICA

VISA STATEMENT COVER SHEET

DEPT NAME: _____ PHONE: _____
CARDHOLDER: _____
STATEMENT CLOSING DATE: _____
TOTAL AMOUNT: _____

APPROVING SIGNATURE: _____

I HEREBY CERTIFY THAT THIS PAYMENT IS FOR GOODS AND SERVICES PURCHASED BY USE OF AN AUTHORIZED COMMONWEALTH BANK OF AMERICA CORPORATE CHARGE CARD WHICH WERE ORDERED IN ACCORDANCE WITH ALL STATE REGULATIONS.

_____
CARDHOLDER

BANNER INDEX CODE	BANNER ACC'T CODE	AMOUNT

2% Charge to Department for orders not placed in eVA without a valid eVA exclusion.

$_____ **2%**_____ **Budget Code to Charge** _____