LONGWOOD UNIVERSITY
GE MASTERCARD
STATEMENT COVER SHEET

DEPT NAME/PHONE: _____
CARDHOLDER: _____
CARD NUMBER:_____
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 GE CORPORATE CHARGE CARD WHICH WERE ORDERED IN ACCORDANCE WITH ALL STATE REGULATIONS.

_____
CARDHOLDER

BANNER INDEX CODE	BANNER ACCOUNT CODE	AMOUNT

Non-eVA Purchases Total **$**_____
2% Charge to Department **$**_____ **Budget Code to Charge** _____

Note: The figures above for non-eVA purchases does not affect the totals by code that will be recorded on Banner.