



Purchase Card Account Statement

Account: *****11485799
 Symunkova, Aneel
 North Carolina State University
 Raleigh, NC
 Employee ID: 000930987

BOA

Billing Date: 02/20/2015

ACCOUNT ATTRIBUTES		
Amount Limits	Default Account Information	Strategy Group(s)
Per Trans: \$5,000.00	Project ID: 303409	Prague Institute
Daily: \$5,000.00	Department: 120106	Standard/Travel Combination
Monthly: \$25,000.00		

Transactions

No transactions in this billing period.

My signature affirms that these PCard transactions were made for official NC State business purposes.

Signatures:

Cardholder
Signature

M/A on leave

Date

1/3/2015

Cardholder
Printed Name

ANAEEL SYMUNKOVA

Reconciler
Signature

J. Tešin

Date

1/3/2015

Reconciler
Printed Name

JAKUB TEŠINSKÝ

Cardholder since: Purchase Authority Approved By:

**** Other Signatures ****

The signature of your Supervisor or Department Head is required when the cardholder or other reconciler is unable to sign for any reason, in which case an explanation must accompany the statement.

Other
Signature

Date

Other
Printed Name

(check one):

Supervisor: ☐

Department Head: ☐