



Burning Flipside Tracking Payment System

Legal Name:

A.k.a.:

AF:

DEPT:

Description of Plunder:

List Receipts:

Date:	Merchant (vendor, store):	Doubloons (amount):

Total:

Internal Use:

Direct Pmt

Card Number(last 4):_____

Check Number:_____ Date:_____

Reimbursement

Check Number:_____ Date:_____

CODE	AMOUNT	CODE	AMOUNT