Purchasing Card Report

Statement Date: _____

School: _____

Cardholder Name: _____

Org Number	Object-Project	Amount
	Total Amount	

I agree to the attached transactions and approve for processing:

Cardholder's signature_____

I certify that the attached transaction is approved and ready for processing.

Business Office Signature_____

Please attach all receipts to this form and submit monthly with your cardholder statement.

Discrepancies (Transaction, Amount, Justification): _____

Finance Office Use Only:	