PLEASE RETURN BY THE 15TH OF EACH MONTH

PROCUREMENT CARD EXPENSE RECORD page_____ of _____

Name: _____ Billing Period: _____

Please attach statement and receipts to back of this form.

Date of Charge	Account Number	Amount	Vendor Name	Justification for Expense
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
		$		
	Total Charges on Statement	$ _____		

Administrator Signature: _____ Date: _____

Business Manger Signature: _____ Date: _____

B-36