

Procurement Card

Expense Record

Please complete with every p-card purchase and attach receipts.
Submit to District Office as soon as possible.

Name Printed on Card:

Date of Charge: _____

Budget Account: _____

(Grant, if applicable) _____

Amount of Purchase: \$ _____

Vendor Name: _____

Reason for Expense: _____

Will District be reimbursed for this expense?

Yes
from: _____

*** Please attach check on top

No

Card User Signature: _____

Administrative Signature: _____

Supt.

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