

MONTHLY CAL-CARD PURCHASE REPORT

MONTH: _____

SITE/DEPARTMENT: _____

Instructions:

Use this form to summarize all credit card purchase receipts by account code. The total of this summary should agree with your cal-card monthly statement total.

Cal-Card statements are due the 7th of each month at Accounts Payable Department. On-line statements Available.

Please add all receipts for each account code s (office supplies, instructional supplies, travel & conference, etc.)

Also include Categorical Pre-Approval form if any

		Fund	Resource	Year	Goal	Function	Object	SubObj	Site	Dept	Total Amount
Instructional Supplies	Account Code	_____	- _____	- _____	- _____	- _____	- _____	- _____	- _____	- _____	\$ _____
Office Supplies	Account Code	_____	- _____	- _____	- _____	- _____	- _____	- _____	_____	_____	\$ _____
Travel & Conference	Account Code	_____	- _____	- _____	- _____	- _____	- _____	- _____	_____	_____	\$ _____
_____	Account Code	_____	- _____	- _____	- _____	- _____	- _____	- _____	_____	_____	\$ _____
_____	Account Code	_____	- _____	- _____	- _____	- _____	- _____	- _____	_____	_____	\$ _____
_____	Account Code	_____	- _____	- _____	- _____	- _____	- _____	- _____	_____	_____	\$ _____
_____	Account Code	_____	- _____	- _____	- _____	- _____	- _____	- _____	_____	_____	\$ _____

Due to IRS 1099 reporting requirements Cal-Card cannot be used for services (such as, printing, engraving, custom picture catering, framing, rentals, reservations through a travel agent, installation of items purchased, etc.)

* This amount is being disputed, the bank was notited on _____ . (Attached documentation)

Less Dispute: (\$ _____)

TOTAL FOR PERIOD ENDING: _____

\$ _____

(Use additional sheets if necessary - The total on this form should agree with your Cal-Card Monthly Statement's total)

I certify to the best of my knowledge and belief, all of the charges listed above, unless noted as disputed, are legal and appropriate school district's charges.

Name of Cal-Card Holder

Signature

Date