Print Form

Bellingham School District No. 501

PROCUREMENT CARD USAGE & MONTHLY RECONCILIATION

Card #: _____ (last 4 digits only) Month of: _____ Dept/School: _____

Date	Account Code	Vendor's Name	Actual Purchase Amount	Receipt **		Was Sales Tax Charged		Was this Travel or Travel Related ***		Board Approval Required ****	
				Yes	No	Yes	No	Yes	No	Yes	No
		TOTAL PAYMENT:	$0.00								

*** SUPERVISOR SIGNATURE REQUIRED FOR TRAVEL OR TRAVEL RELATED EXPENSES**

**** If no receipts are turned in when the procurement card is returned, MAKE SURE THAT YOU FOLLOW-UP WITH USERS TO OBTAIN ORIGINAL RECEIPTS.**

***** If it is for travel - list who, why, where, & when.**

****** If Board Approval is required, attach e-mail from Nancy Merry indicating the travel was approved.**

_____ Administrator Signature _____ Date

_____ Card Custodian Signature _____ Date _____ * Supervisor Signature _____ Date