

MT DIABLO UNIFIED SCHOOL DISTRICT MONTHLY PROCUREMENT CARD PURCHASE LOG

Do not modify this form - if you have more transactions that fit on one page - use multiple pages

Cardholder Name

Account Number

Site Name

Statement Date

LINE #	TRANSACTION DATE	DESCRIPTION & ACCOUNT CODE	\$ AMOUNT
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
		DESC: _____ A/C code: _____	
<small>I CERTIFY THAT ALL PURCHASES LISTED ON THIS STATEMENT, UNLESS NOTED ARE TRUE, CORRECT AND WERE MADE FOR OFFICIAL M.C.S. PURCHASES. ALL GOODS OR SERVICES HAVE BEEN RECEIVED.</small>			Total

CARDHOLDER SIGNATURE _____ DATE _____

SUPERVISOR/ADMINSTRATOR SIGNATURE _____ DATE _____