Ojai Unified School District

MONTHLY CAL-CARD STATEMENT COVER SHEET

Employee Name:	Site/Department:	Statement Date:

COMPLETE ALL SECTIONS BELOW

ORIGINAL ITEMIZED RECEIPT MUST BE ATTACHED

DATE ON RECEIPT:	TRANSACTION DESCRIPTION:	AMOUNT:	ACCOUNT # TO CHARGE:	RECEIPT ATTACHED (Y/N):
	TOTAL CHARGES			$

Cardholder Signature _____ Date _____

Special Projects Approval (if categorically funded) _____ Date _____

Business Services Approval _____ Date _____

MARCH 2022