

**Alden-Hebron S. D. #19  
Procurement Card  
Expense Record**

Name \_\_\_\_\_

Billing Period \_\_\_\_\_

**Attach statements and receipts to this form**

Date of charge	Account Number	Amount	Vendor Name	Justification for Expense
Total Charges				

Page \_\_\_\_ of \_\_\_\_ Cardholder Signature \_\_\_\_\_

**NOTE:** This **must** be turned in by the end of the month. Building Administrator Signature \_\_\_\_\_