School District of Cambridge Purchasing Card --- Receipt Confirmation Form

MUST BE SUBMITTED WITHIN 10 BUSINESS DAYS

Staff Name	:	Date:	Date:	
Card Numb	oer:			
List each p	urchase made b	PURCHASE MADE elow. Use additional forms if more space is needed		
DATE	WHERE	REASON	AMOUNT	
List the bud	dgetary account	s in which the purchases are to be applied to:		
ACCOUNT CODE:			\$	
ACCOUNT CODE:			\$	
ACCOUNT CODE:			\$	
ACCOUNT CODE:			\$	
ACCOUNT CODE:			\$	

ATTACH RECEIPTS TO THE BACK OF THIS FORM RETURN THIS FORM TO MARK WORTHING AT THE DISTRICT OFFICE