



# CLPCCD Purchasing Card Program

# Monthly Purchases Log

Cardholder Name: \_\_\_\_\_

Credit Card # (Last 4 Digits): \_\_\_\_\_

Department: \_\_\_\_\_

Statement Date: \_\_\_\_\_

| # | Transaction Date | Vendor Name, Description of Item(s) Purchased, and Account Number to be Charged | CA Tax Paid? | Total Amount | Disputed or Pending? | Reimbursement Check Attached?* |
|---|------------------|---|--------------|--------------|----------------------|--------------------------------|
|   |                  | Name: _____ Acct. # _____<br>Description: _____                                 | Yes<br>No    | \$ _____     | Yes                  | Yes                            |
|   |                  | Name: _____ Acct. # _____<br>Description: _____                                 | Yes<br>No    | \$ _____     | Yes                  | Yes                            |
|   |                  | Name: _____ Acct. # _____<br>Description: _____                                 | Yes<br>No    | \$ _____     | Yes                  | Yes                            |
|   |                  | Name: _____ Acct. # _____<br>Description: _____                                 | Yes<br>No    | \$ _____     | Yes                  | Yes                            |
|   |                  | Name: _____ Acct. # _____<br>Description: _____                                 | Yes<br>No    | \$ _____     | Yes                  | Yes                            |
|   |                  | Name: _____ Acct. # _____<br>Description: _____                                 | Yes<br>No    | \$ _____     | Yes                  | Yes                            |
|   |                  | Name: _____ Acct. # _____<br>Description: _____                                 | Yes<br>No    | \$ _____     | Yes                  | Yes                            |
|   |                  | Name: _____ Acct. # _____<br>Description: _____                                 | Yes<br>No    | \$ _____     | Yes                  | Yes                            |

**Total:**

I certify that all purchases listed on this statement, unless noted in the disputed item column, are true and correct and were made for official CLPCCD purposes. All goods have been received and payment is authorized to US Bank who has been notified of all disputed items. **Please Do Not Delay Payment Processing.**

Cardholder's Signature

Date

Approver's Signature

Date

\*If unapproved charges were made, please reimburse the District by attaching a personal check for the amount of the unapproved charge.