

CARDHOLDER NAME _____

DEPARTMENT OR SCHOOL _____

STATEMENT DATE _____

Primary GL Code: _____
 Fund Year Function Object Subobject Program Facility

Note: All charges will be paid using the GL Code above unless otherwise noted below.

TRANSACTION DATE	VENDOR NAME	DESCRIPTION OF TRANSACTION	GL CODE (USE IF CHARGE TO DIFFERS FROM PRIMARY GL CODE ABOVE)	TRANSACTION CHARGE
GRAND TOTAL				

I certify the transactions detailed above were on behalf of HCSD and comply with purchasing card guidelines.

 Bookkeeper/Admin Assistant Signature Date

 Principal/Director Signature Date

 Financial Services