

Bloom-Carroll Local School District Credit Card Purchase Recap Sheet

NOTE: THIS FORM MUST BE SUBMITTED WITH PURCHASE RECEIPT(S)

Card	User Nam	ie:										
Date of Purchase Vendor Name					Description of Purchase					Purchase Amount		
									Totalı			
					Total:							
							7		Fund/A	rcoi	ınt	
								Fund/Account (Where should this				
Employee Signature				Date				purchase be charged?)				
					Da	i.e						
							7					
							_					
Treasurer Signature					Date							
			Office Use Only									
FUND	FUNCTION	OBJECT	SPCC	SUBJE	CT	OPU	IL		JOB		AMOUNT	