

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		Vendo	or Name			Descriptio	n of Pur	chase	2		Purchase Amount
						2 000pt					
									Totalı		
					Total:						
							٦		Fund/A	اددان	ınt
								(Where should this			
Employee Signature				Date				purchase be charged?)			
Employee Signature					Da	ıe					
							7				
							_				
Treasurer Signature					Date						
			Office Use Only								
FUND	FUNCTION	OBJECT	SPCC	SUBJE	:СТ	OPU	IL		JOB		AMOUNT