

Deerfield Community School District
Purchasing Card—Receipt Confirmation Form

MUST BE SUBMITTED WITHIN 10 BUSINESS DAYS

Staff Name on P-Card: _____ (if not your name)

Signature of Purchaser: _____ Date: _____

PURCHASES MADE

List each purchase with account code below. Use additional forms if more space is needed.

DATE	WHERE	REASON	AMOUNT
			\$
ACCOUNT CODE:			

DATE	WHERE	REASON	AMOUNT
			\$
ACCOUNT CODE:			

DATE	WHERE	REASON	AMOUNT
			\$
ACCOUNT CODE:			

DATE	WHERE	REASON	AMOUNT
			\$
ACCOUNT CODE:			

DATE	WHERE	REASON	AMOUNT
			\$
ACCOUNT CODE:			

DATE	WHERE	REASON	AMOUNT
			\$
ACCOUNT CODE:			

DATE	WHERE	REASON	AMOUNT
			\$
ACCOUNT CODE:			

ATTACH RECEIPTS HERE

Failure to turn in receipts will result in deactivation of card!

RETURN THIS FORM TO DOREEN TREUDEN AT THE DISTRICT OFFICE