Accounts Payable

Procurement Card Statement

Cardholder Name

Department

DATE

Tax to be remitted

GL Code	*Description*	*Vendor*	*Amount*	*Tax to Be Remitted*
		TOTAL	**$0.00**	

_____ _____ _____

Cardholder's Signature Date Signed Phone

_____ _____ _____

Supervisor's Approval Signature Date Signed Phone

_____ _____ _____

Purchasing Agent's Approval Signature Date Signed Phone