Reset

DOUGHERTY COUNTY SCHOOL SYSTEM
SUMMARY OF PURCHASING CARD CHARGES

SCHOOL/DEPARTMENT:	CARD HOLDER'S NAME:	
CARD NUMBER:	BILLING CYCLE:	Beginning Date:
		Ending Date:

Transaction #	Account Number	Amount
	TOTAL TRANSACTION AMOUNT	$0.00

SIGNATURE PRINCIPAL/DEPT. HEAD: _____ DATE:_____

Total transaction amount must equal the total amount of the applicable purchasing card statement, attached invoices and the respective activity log.