

**Procurement Card Monthly Purchase Report**

Cardholder Name (Print/type name)		Ext	Statement Date	
Manager Name (Print/type name)		Ext	Dept.	
Transaction Date	Vendor's Name	Description of Purchase	FOAP (Fund-Org.-Account-Program)	Total Amount
<b>TOTAL AMOUNT OF LINE ITEMS</b>				
<p>I certify that all purchases listed on this statement, unless noted, are true and correct and were made for official MCCD purposes in compliance with District Policies and Procedures. All materials and/or services have been received and payment is authorized. The Program Administrator has been notified of unresolved disputes.</p>				
_____ CARDHOLDER'S SIGNATURE			_____ DATE	
_____ MANAGER'S SIGNATURE			_____ DATE	