COLLEGE OF MARIN

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PROCUREMENT CARD MONTHLY PURCHASE REPORT

Cardholder Name (Print/type name)		**Ext**		**Stmt. Date**	
Manager Name **(Print/type name)**		**Ext**		**Dept.**	

Date of Transaction	Vendor's Name	Description of Purchase	FOAP (Fund-Org.-Account-Program)	Total Amount
TOTAL AMOUNT OF LINE ITEMS				0

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.

Cardholder's Signature **Date** **Manager's Signature** **Date**