

Imperial County CAL CARD Distribution of Charges

Monthly Report

REPORT PERIOD:

CARDHOLDER NAME:

DEPARTMENT:		CARDHOLDER SIGNATURE:			
VENDOR	COMMODITY CODE	DESCRIPTION	ORG KEY	OBJECT CODE	AMOUNT
				TOTAL:	
PLEASE ATTACH AND SEND THE FOLLOWING TO THE PURCHASING DEPARTMENT OFFICE NO LATER THAN THE 10TH OF EVERY MONTH:					
U.S. BANK STATEMENT OF ACCOUNT WITH CARDHOLDER AND APPROVING OFFICIAL SIGNATURES					
ORIGINAL RECEIPTS I CERTIFY THAT ALL PURCHASES LISTED ABOVE WERE MADE FOR OFFICIAL COUNTY USE ONLY AND ARE WITHIN THE COUNTY OF IMPERIAL CAL CARD POLICY MANUAL.					
DIRECTOR/MANAGER NAME:		DIRECTOR/MANAGER SIGNATURE:		DATE:	
PURCHASING AGENT NAME:		PURCHASING AGENT SIGNATURE:		DATE:	
				•	rev: 08/29/2024