



# PURCHASING CARD

## Card Member Transaction Log

**MCPS Form 234-21**  
**June 2009**

Office of the Chief Operating Officer  
Department of Materials Management  
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

Card member name \_\_\_\_\_

School/office name \_\_\_\_\_ Work location \_\_\_\_\_

For the period: From \_\_\_\_\_ To \_\_\_\_\_

**USE SEPARATE LOG FOR EACH ACCOUNT**

Date Ordered	Date Delivered	Total Amount (\$)	Supplier Name	Supplies/Services (required) (Student or other—must be identified.)	Statement Date	Account (03, 05, etc.)
Total						

**CERTIFICATION STATEMENT**

I certify that, to the best of my knowledge, the transactions recorded for the month indicated on this purchasing card log are correct and complete. All purchases were made in support of school programs as outlined in the Purchase Card Guide. I understand that any material misrepresentation or omission from this log maybe grounds for cancellation of my purchase card privilege and/or disciplinary action.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Card Member*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature, Approving Official*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*