



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