CalCard Payment Detail

To be completed by cardholder

Statement Date: _____

Transaction Date	Purchase Description	Account	Fund	Dept/Org	Program	Class	Proj/Grt	Transaction Amount	Sales Tax Paid
									☐ Yes
									☐ Yes
									☐ Yes
									☐ Yes
									☐ Yes
									☐ Yes
									☐ Yes
									☐ Yes
									☐ Yes
									☐ Yes
									☐ Yes

Page Total: $0.00

Use additional pages if necessary. Staple this form to your CalCard bank statement, obtain the required signatures and submit to Chris Wick in Business Services. If you have any problem with the form, please contact Diane Cummins at Ext. 2754.

I certify that all purchases listed on this statement, unless annotated to the contrary, are true and correct and were made for official purposes. Payment is authorized. By signing below I also certify that funds are available in the accounts listed above.

_____ _____

Cardholder Signature Date Approving Official Date