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: _____

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.

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