## **CalCard Payment Detail**

To be completed by Account Custodian

Statement Date:
-----------------

Transaction Date	Purchase Des	cription	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:		
gnature by the gned and refe certify that all	the period, complete and sign to e account's Approving Official ( renced documents to the CAL- purchases listed on this form a norized. By signing below I also	e.g. the Dean, Director or Card Program Administra nd the associated US Ban	Vice Presiden tor by the <b>10t</b> k statement, u	it with di h of the nless an	irect administ <b>month</b> follow notated to th	rative respo	nsibility f ement pe	or this account riod.	). Once signed,	forward the
ccount Custo	dian Signature	Date	_	_ A		ficial Signa	ture		Date	<del></del>