

## P-CARD MONTHLY EXPENDITURE REPORT

EMPLOYEE: \_\_\_\_\_ P-CARD #: \_\_\_\_\_  
 (last 4 digits)

MONTH: \_\_\_\_\_

DATE	VENDOR	DESCRIPTION	AMOUNT	ACCT. #
<b>TOTAL</b>				

**\*ALL RECEIPTS AND P-CARD EXPENDITURE REPORTS  
 MUST BE SUBMITTED TO DIST. BOOKKEEPER BY 10TH  
 OF EACH MONTH.**

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Supervising Administrator Signature