PURCHASING CARD RECORD

OFFICE OF MANAGEMENT AND BUDGET/Fiscal

SFN 52163 (4-2004)

Submit to Agency Purchasing Card Administrator

Cardholder (Employee) Name: (as shown on payroll)	For Reporting Period (mm/dd/yy)		Page Number:
	From:	To:	

PURCHASE DATE	VENDOR	ITEMS PURCHASED	COST	Check Charges on this period's statement
		Page Subtotal	$0.00	
		CARD TOTAL	$0.00	

The above purchases on the State of North Dakota Purchasing Card have been reviewed and reconciled. Receipts are attached in order of occurrence.

Cardholder Signature:	Date Submitted:	Approved By:	Date Approved: