WOODBURN SCHOOL DISTRICT
PROCUREMENT CARD EXPENSE RECORD

Name on Card: _____

Billing Period: _____

ATTACH ALL RECEIPTS TO THIS FORM AND SUBMIT TO THE BUSINESS OFFICE. TOTAL MUST MATCH STATEMENT

Date of Charge	Account Number	Amount	Vendor Name	Explanation
	Total Charges on Statement	0.00		

Cardholder Signature: _____

Superintendent Signature: _____