

McPherson Unified School District #418
Special Education Purchasing Card Transaction Log

Date: _____

Purchasing Card Account Number: 4715 6256 6604 ____ ____ ____ ____

Employee Name: _____

Building Name: _____

Building Account Code: _____

<u>Company/Vendor</u>	<u>Description</u>	<u>Invoice Total</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The purchase(s) listed above are for the use of McPherson USD #418 and will be expended against an established account with available funds.

Cardholder's Signature: _____ Date: _____

Approved by: _____ Date: _____

The cardholder must receive approval from the Special Education Director BEFORE making a purchase. Please paperclip the invoice(s)/original charge slip(s) to this log and send it to the Special Education Office within three days of the purchase date. Please list one vendor per line.

Please remind vendors that McPherson USD #418 is sales tax exempt. This is printed on the purchasing card.