PROCUREMENT CARD DISBURSEMENT LOG

Accounting Department Lincoln Public Schools • Lincoln, Nebraska

Month: Custodian Name:							Phone Number:			
Location	ı:				Credit Card Number:					
Date Out		ans. Oate	Account Number	Amount	Description/Purpose	Vendor Name	User (printed) User Signature	On Bill		

Da Out	te In	Trans. Date	Account Number	Amount	Description/Purpose	Vendor Name	User (printed) User Signature	On Bill