

KEY LARGO WASTEWATER TREATMENT DISTRICT

DAILY PURCHASING CARD PURCHASE REPORT

Cardholder: (print name) _____

Statement for the month of: _____

Department Director: _____

Department: _____

Ext.: _____

Date	Receipt or invoice # (Attached)	Description of Purchase	Merchant's Name	Dollar Amount of Purchase	Dispute (d) / Credit (c)	General Ledger / Account #

Cardholder's Signature: _____

Date: _____

Supervisor's Signature for Approval: _____

Date: _____

***REMEMBER TO ATTACH ALL RECEIPTS (PURCHASE AND CREDIT)**