

Center for Educational Innovation
CREDIT CARD ACCOUNTING REPORT

Card Holder's Name _____ **Card Number** _____

Month's Purchases \$ _____ **Month** _____ **Yr** _____ **Stmt Closing Date** _____

SALE DATE	VENDOR NAME	AMOUNT	PURPOSE	PROGRAM ACTIVITY

I certify that the expenses listed above in the amount of \$_____ are true and accurate, and were of a business nature incurred in the performance of my official duties for CEI-PEA. Receipts and support documentation, as applicable are attached and scotched taped on plain white paper.

Signature: _____ Date: _____

Approved: _____ Date: _____

Assignment of Expenses: 1. Amount \$ _____ GL Code _____ FY _____

Assignment of Expenses: 2. Amount \$ _____ GL Code _____ FY _____