Attachment D

LADSE

The LaGrange Area Department of Special Education

P- Card Summary Form

Cardholder: _____

(Please Print)

Credit Card: xxxx - xxxx - xxxx - ___ ___ ___ ___

Program: _____

Statement End Date: _____

Transaction Date	Vendor	Purchase Description	Purpose of Purchase	Amount	GL Account Number	Receipt Enclosed (x)
			TOTAL:			

Cardholder Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Business Office: _____ Date: _____

1/26/2011