AUBURN SCHOOL DISTRICT
ENGAGE • EDUCATE • EMPOWER

ASB PROCUREMENT-CARD - TRANSACTION FORM

Attach Receipts to this Form for Each Transaction

Purchase Date: _____

Vendor: _____

Cardholder Name: _____

Card User:_____ **Phone Number:** _____

Last 4 of Card: _____

Detailed Business Purpose:

Qty	Unit	Item #	Description	Unit Price	Total	Account Code

Subtotal	
Shipping	
Misc. Fee	
Sales Tax	
Total	

Food for Meetings/Events	
Meeting/Event Date:	
Meeting/Event Title:	
Provide Copy of agenda/program if applicable	
Name of Attendees	Affiliation
If more attendees were present, please provide separate list	

<u>*NOTE:</u> AMAZON TRANSACTIONS ARE NOT ALLOWED ON DISTRICT P-CARDS*****

ASB Advisor: _____Date: _____
Signature

ASB Student:_____Date:_____
Signature

ASB Bookkeeper:_____Date:_____
Signature

Activities/Athletic Director:_____Date:_____