RESET

LICKING HEIGHTS LOCAL SCHOOL DISTRICT
PURCHASING CARD MONTHLY REPORT

NAME: _____ **MONTH:** _____

PO #	ACCOUNT CHARGED	AMOUNT
	TOTAL	$0.00

- GROUP IN NUMERICAL P.O. ORDER
- REPORT MUST AGREE TO BILLING STATEMENT
- ENCLOSE CASH FOR ANY SHORTAGES
- ATTACH ALL RECEIPTS

_____
SIGNATURE

SUBMIT ONE (1) COMPLETED COPY TO THE TREASURER ON OR BEFORE THE 20TH DAY OF THE MONTH.