

Kalispell School District # 5
Credit Card Transaction Log

Sign up for online access to your transactions and statements at ezcardinfo.com

Cardholder's Name: _____

Statement Date: _____ **Last 4 Digits of Card:** _____ **School/Location:** _____

Date of Purchase	Merchant Name	Amount	Budget Unit	Account Code	Description
1/1/2020	<i>Example: Amazon</i>	\$ 10.00	1010110010000000	610	<i>Classroom Sharpies</i>

APPROVALS:

Cardholder Signature: _____ Date: _____ Printed Name: _____

Supervisor Signature: _____ Date: _____ Printed Name: _____

NOTE: This transaction log is to be completed and submitted no later than the 5th of every month to the Approving Supervisor and the 7th of the month to Accounts Payable at the District Office.