



**CAL-Card
Unsupported Charges**

Cardholder's Name: _____

Account Number: _____

Statement Date: _____

The following is a list of charges that appear on the above reference statement for which there are no receipts available. I, the cardholder, certify that I did not use my Oakdale Joint Unified School District VISA for personal use or for any items listed on the District's "Card Restrictions" detail as provided in the CAL-Card Manual.

DATE	VENDOR	DETAILED DESCRIPTION OF CHARGES	AMOUNT

Cardholder Signature

Approving Official Signature

Date

Date

NOTE: This form should be routed for appropriate signatures and attached to the referenced US Bank Statement prior to submitting for payment. All statements due to Fiscal Services by the 10th of each month.