



Name:		Position:	Extension:	
Date	Description of Purchase	Vendor's Name	Amount on Receipt	Account Number to Charge

Total:

Account Subtotals:

Account #:

_____ Date
Card User's Signature

_____ Date
Approving Official Signature

I certify that all purchases listed on this statement are true and correct and were made for official ASI business. All goods and services have been received and payment is authorized. Copies of receipts for all items are listed below. I acknowledge that I am liable for any charges not supported with receipts.