ASSOCIATION OF CALIFORNIA SCHOOL ADMINISTRATORS

BOARD/STAFF CREDIT CARD EXPENSES - FY 2022-2023 - BANK OF AMERICA

Name: _____ ***Please return by the 22nd of each month***

Statement Period: _____ *through* _____

Transaction Date	Vendor Name	Description / Memo	Business Purpose	Program Number	Amount
TOTAL					0.00

Cardholder Signature: _____ **Date:** _____

Approval Signature: _____ **Date:** _____

*****NOTE: Itemized receipts must be attached and program # required.** ***Please return by the 22nd of each month.***

All items on statement must be accounted for. Please scan a soft copy of your submission and email to Ktinsley@acsa.org, Jgodfrey@acsa.org, and Accountspayable@acsa.org for process. Thank you!