

Local P-Card Check-out Sheet

Month/Year: _____

Card # _____ (last6digit) _____

Location _____

Employee: *Must be CCSD Employee*

Date Out

Purpose (Class/Club/Program)

Business

Initials **

Completed by Secretary

Date In

Charges

Initials

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25

	Date Out	Purpose (Class/Club/Program)	Business	Initials **	Date In	Charges	Initials
1							
2							
3							
4							
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7							
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23							
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25							

** By initialing I acknowledge that I have read the information provided regarding appropriate usage of the card and agree to abide by the CCSD rules and regulations regarding P-card purchases.