

County
Purchase Card Payment Approval Form
Fiscal Year (July 1, - June 30,)

Month/Year:	
Officer/Department:	
Master P-Card Statement:	Yes No
Amount:	

Purchase Card Administrator

I hereby certify that the transactions listed on Purchase Card Statement have been verified and are true obligations of the county.

SignatureDate

County Clerk

I hereby certify that the requisition(s), invoice(s), receiving report(s) and delivery documentation have been compared to the purchase card statement, and any discrepancies have been reconciled as noted below. This purchase card statement is therefore approved for consideration for payment by the governing board.

SignatureDate

Board of County Commissioners

This claim is approved for payment of the purchase card statement in the amount indicated above.
 (Signed by at least two members.)

ChairmanDate

MemberDate

MemberDate