MONTGOMERY COUNTY PUBLIC SCHOOLS

CLEAR FORM

# PURCHASING CARD
# Card Member Transaction Log

Office of the Chief Operating Officer
Department of Materials Management
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

**MCPS Form 234-21**
**November 2008**

Card member name _____

School/office name _____ Work location _____

For the period: From _____ To _____

**USE SEPARATE LOG FOR EACH ACCOUNT**

| Date Ordered | Date Delivered | Total Amount ($) | Supplier Name | Supplies/Services (required) (Student or other—must be identified.) | Statement Date | Account (03, 05, etc.) |
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| | Total | $0.00 | | | | |

_____ ____/____/____ _____ ____/____/____

*Signature, Card Member* *Date* *Signature, Approving Official* *Date*