California State Polytechnic University, Pomona
Monthly Purchase Summary

Department		Cardholder's Name			Month/Year
CHARTFIELD					
STRING:	Account	Fund	Dept. ID	Program	Class

Item #	Date	Description of Purchase	Vendor's Name	Total Amt	Disputed Item*

I certify that all purchases listed on this statement, unless noted in disputed item column, are true and correct and were made for official CSU purposes. All goods have been received and payment is authorized.

** A copy of the Dispute Notification Form is attached*

Sign after printing
Cardholder Signature

Date

Sign after printing
Approving Official Signature +

Date

+ Attach Exhibit G, If an alternate Approving Official is signing in the absence of the Original Approving Official.

NOTE: Reconciliation Document should be forwarded to Procurement and Support Services, Bldg. 75, by 5:00 pm on the 10th of each month.