California State Polytechnic University, Pomona
Monthly Purchase Summary

Department Account No.	Department	Cardholder's Name	Month/Year

Item No.	Date	Description of Purchase	Vendor's Name	Total Amount	Disputed Item*
			Administrative Fee		

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 and services have been received and payment is authorized.

**A copy of cardholder statement of disputed items is attached.*

SIGN & DATE AFTER PRINTING

Cardholder Signature ***Date***

SIGN & DATE AFTER PRINTING

Approving Official Signature ***Date***