

Herscher C.U.S.D. #2

BMO Mastercard P-card - Expense Report

Name of Purchaser: _____ Name of Cardholder: _____

*Attach all receipts to this form.

Date	Vendor Name	Amt Charged	Account # to Charge	Justification/Purpose for Charge

GRAND TOTAL \$ _____

Signature of Purchaser: _____

Signature of Card Holder: _____