



Credit Card Register - Supervisors

6100 Snack/Milk	101 After School	
6110 Supply	120 ADP	500 Dane
6120 Special Event	150 Fair	501 Wauk

Month: _____ Cardholder Name: _____

Page _____ of _____ Site: _____

Date	Receipt Attached	Vendor & Description of Transaction	Transaction Amount	Program Expense	Program Type	Location

Submit to program manager by 5th of following month

Program Manager Initials: _____ Due to accounting by the 10th of each month

(Verification: receipts match statement; reasonable expenses for program and site operation)

Batch # _____
Entry # _____