



# Adelanto Elementary School District

## CAL-Card Reconciliation Form

After you have reconciled your statement, send this form, bank statement, original itemized receipts, and required backup to Purchasing, Attention: Cherie Pittman.

Cardholder's Name: \_\_\_\_\_ Site/Dept: \_\_\_\_\_ Stmt Date: \_\_\_\_\_

ITEM NO.	VENDOR	PRODUCT/SERVICE DESCRIPTION (Detailed as Possible)	AMOUNT
1			
ACCOUNT NUMBER:			
2			
ACCOUNT NUMBER:			
3			
ACCOUNT NUMBER:			
4			
ACCOUNT NUMBER:			
5			
ACCOUNT NUMBER:			
6			
ACCOUNT NUMBER:			
7			
ACCOUNT NUMBER:			
8			
ACCOUNT NUMBER:			
9			
ACCOUNT NUMBER:			
10			
ACCOUNT NUMBER:			
11			
ACCOUNT NUMBER:			
12			
ACCOUNT NUMBER:			
13			
ACCOUNT NUMBER:			
			<b>TOTAL</b>

I certify to the best of my knowledge and belief, all of the chargers listed above are legal and appropriate school district charges.

Approving Official: \_\_\_\_\_ Date: \_\_\_\_\_