



MONTHLY PCC PURCHASES REPORT

CARDHOLDER NAME	CREDIT CARD # (last 4 digits)	STATEMENT BILLING DATE
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Item No	Transaction Date	Purchase Description/Reason (be specific)	Supplier Name	Amount	Use Tax Due	Disputed	Small Business	DVBE	RECYCLER
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
TOTALS									

I certify that all purchases listed on this statement, unless noted in disputed item column, are true and correct, and were made for official SDSU purposes.
 All goods and/or services have been received and payment is authorized. The Bank has been notified of all disputed items. (Cardholder explanation of disputed item attached.)

Cardholder Print Name Signature	Date	Approving Official Print Name Signature	Date
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