Staple Receipt Here

Activity Fund

Wal-Mart Card Use Report

Person Using Card	
Charge Amount	$
Date of charge	
PO # (4-digits)	#

I certify that the above charges were all the purchases made with the Activity Fund Wal-Mart card while in my possession. All purchases made were for and in the conduct of official business of Broken Bow Public school.

Signature: _____

Date: _____

Activity Fund Account #: _____

NOTE: Any purchases made with the school's credit card in which no invoices/receipts are returned to Central office in a timely manner, or that tip and/or sales tax are charged, that I will be personally responsible for the repayment of these charges.

Employee Initials: _____

Year	Fund	Proj	Func	Obj	Prog	Subj	Job	Site