BRITISH COLUMBIA
The Best Place on Earth

Ministry of Social Development

PURCHASE CARD SUMMARY SHEET

STATEMENT DATE 4TH DAY OF _____, 20___	PC 12345

NAME OF CARDHOLDER	OFFICE CODE	OFFICE ADDRESS
CARD ACCOUNT #		PHONE ( )

RECEIPT DATE (DD MMM YYYY)	AMOUNT	RESP.	SERVICE LINE	STOB	PROJECT #
NAME OF SUPPLIER					
RECEIPT DATE (DD MMM YYYY)	AMOUNT	RESP.	SERVICE LINE	STOB	PROJECT #
NAME OF SUPPLIER					
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NAME OF SUPPLIER					
CARDHOLDER SIGNATURE - I CERTIFY THE ACCURACY OF THESE FIGURES		TOTAL - MUST MATCH STATEMENT TOTAL			

ACCCOUNTS USE ONLY	46014	48210	8530	4600000	000000	0000	079374

SPENDING AUTHORITY - Certified that the amount to be paid is correct, is in accordance with appropriate statute or other authority for payment and/or contract, and where applicable, that the work has been performed, good supplied, the service rendered/and/or other conditions met.

SIGNATURE	PRINT NAME	DATE SIGNED (YYYY MMM DD)

Sample

WHITE - FINANCIAL AND ADMINISTRATIVE SERVICES BRANCH - VICTORIA CANARY - CARD HOLDER

SD2644(05/06/27)