



## Imperial County CAL-CARD Distribution of Charges

**Monthly CAL-CARD Report**

**Report Period:** \_\_\_\_\_

**Oversight Department:** \_\_\_\_\_

CARD HOLDER	DEPARTMENT	DESCRIPTION	ORG KEY	OBJECT CODE	AMOUNT
<b>TOTAL:</b>					

**PLEASE ATTACH THE FOLLOWING:**

- US BANK STATEMENT OF ACCOUNT WITH CARDHOLDER AND APPROVING OFFICIAL SIGNATURES
- ORIGINAL RECEIPTS

**SEND TO THE AUDITOR-CONTROLLER'S OFFICE WITHIN FIVE (5) BUSINESS DAYS.**

Approving Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_