

Wilmington Community Unit School District 209U  
P-Card Purchases

Card Holder: \_\_\_\_\_

For Month of: \_\_\_\_\_

<b>DATE</b>	<b>PERSON USING CARD</b>	<b>BUDGET NUMBER</b>	<b>VENDOR</b>	<b>Justification For Expense</b>	<b>AMOUNT</b>

Cardholder Signature: \_\_\_\_\_

Director of Business Signature \_\_\_\_\_