

Statement Information

Billing Period: _____

Cardholder Name: _____

Statement Amount: _____

SFS Journal Number: _____

I, _____, certify that the purchases and amounts listed on this account statement are correct and required to fulfill the mission of my Campus, do not exceed spending limits approved by the Program Administrator, are not for my personal use and are not for items prohibited by statute or by my Campus.

Cardholder Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____