



# Herschler CUSD #2

## **BMO pCard** Expense Report

Name of Purchaser: \_\_\_\_\_

Last 4 of Card#: \_\_\_\_\_

**\*Please attach all receipts to this form**

	Date	Vendor Name	\$ Amt Charged	Account # to pay from	Justification/Purpose for Charge
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					