State of Montana
DEPARTMENT OF CORRECTIONS
CERTIFICATION OF PROCUREMENT CARD PURCHASE

I,_____,
(Procurement Card Holder)

Having exhausted all resources on obtaining a receipt for the transaction listed below; agree that it was an authorized purchase. The item/service was purchased from

_____ (Vendor) on _____ (transaction date)

Amount $_____ Description of purchase _____

EMPLOYEE ID #_____

_____
Signature of Card Holder Date

_____
Signature of Supervisor Date