

**P-CARD SPENDING LOG - MIDDLE SCHOOLS
SUMNER COUNTY SCHOOLS - CTE DEPARTMENT
2018-2019**

Teacher's Name: _____

Class: _____

School: _____

Month: _____

	Date of Purchase	Item(s) Purchased	Vendor	Amount	Specific Description of Activity
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	*Remaining P-Card Balance				

Teacher's Signature

Date

Principal's Signature

Date

CTE Coordinator's Signature

Date

**Purchasing in excess of the allocated amount of \$400 per teacher will be subject to reimbursement to the CTE Account.*