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e-Crow (Electronic Card Reconciliation On Web)

DEPARTMENT OF HEALTH e-CROW v3.02 PRODUCTION

## Purchase Card Summary Of Expenditure

Embossed Name **JOSLENE MAZEL**

Requested By: **Sandi Sharp**

Card Type: **DCSI**

Printed On: **4 Feb, 2014 14:14:09**

Card Number: XXXXXXXXXX

User Name: **Sandi Sharp**

Supervisor: **Andrew Thompson**

Billing Date: **03/02/14**

Date	Bill Number	Supplier	GL Account / Job Cost	Amount GST Inclusive	Tax Code	Tax Amount
18/01/14	1406631309000223	Hotel Lindrum	F9261B20577244	-15.23	DP10	-1.38
Reimbursement for adaptor incorrectly charged on 18/12/13						
		<b>TOTAL OF STATEMENT</b>		<b>-15.23</b>		<b>-1.38</b>

I certify that all charges against my purchase card for this statement are for official business purposes only, are accounted for in accordance with the Agency Purchase Card Guidelines and that I have attached documentation that supports all of these transactions listed on this Purchase Card Summary of Expenditure.

Certified Correct - User Name: *J. Mazel*

Date: *11/2/14*

I have reviewed the transactions and supporting documentation contained on this Purchase Card Summary of Expenditure and I am satisfied that all purchases are for official business purposes and processed in accordance with Agency Purchase Card Guidelines. I approve these transactions for processing.

Authorisation of Supervisor: *[Signature]*

Date: *4/2/14*

*[Handwritten signature]*