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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 **ZOE BETTISON**

Requested By: Nancy Siviglia

Card Type: DCSI

Printed On: 11 Dec, 2014 09:36:08

Card Number:

User Name: Nancy Siviglia

Supervisor: **Paul Tsoundarou**

Billing Date: 02/12/14

Date	Bill Number	Supplier	GL Account / Job Cost	Amount GST Inclusive	Tax Code	Tax Amount
24/11/14	1437530435000258	CEDUNA FORESHORE HOT	F9291B20577133	45.45	DP10	4.13
Community Cabinet in Ceduna						
		TOTAL OF STATEMENT		45.45		4.13

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: 

Date: 16/12/14

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: 

Date: 17/12/14