Date of Review: _________________________________

Cardholder's Name: __________________________________________________________________

Pending Transactions:
1. _______________________________________________________________________
2. _______________________________________________________________________
3. _______________________________________________________________________
4. _______________________________________________________________________
5. _______________________________________________________________________

Total Outstanding Purchase Amount: ________________________________
(More than one form may be used if needed)

I, __________________________________, do certify that the above purchases were made for official state business. I also certify that all supporting documentation and receipts are attached.

_________________________________________________
Cardholder Signature

_________________________________________________
Reviewer Signature

Date
Date