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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: **4 Aug, 2016 16:44:08**

Card Number:

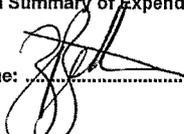
User Name: **Nancy Siviglia**

Supervisor: **Michael Brown**

Billing Date: **02/08/16**

Date	Bill Number	Supplier	GL Account / Job Cost	Amount GST Inclusive	Tax Code	Tax Amount
30/06/16	1625131268000130	CITY CROSS CAMERA	F9291B20577525	15.00	DP10	1.36
Passport photos for Hon Zoe Bettison MP						
		TOTAL OF STATEMENT		15.00		1.36

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: 8/8/16

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: 8/8/16