

State of Rhode Island
Department of Administration



PURCHASE CARD CERTIFICATION FORM

The attached invoices/receipts pertain to this month's purchase card charges. I certify that all charges associated with the Purchase Card Statements are valid state charges, adhere to all Purchase Card Rules and Regulations and that all required backup documentation is included in this package.

FUND AGENCY:	
DEPARTMENT/CARD NAME:	
MONTH ENDING:	
TOTAL AMOUNT APPROVED:	\$
AUTHORIZED AGENT SIGNATURE:	
	DATE: