SUU Head Start Purchasing Control & Balance Sheet
Food & Non-Food Items and Purchasing Card Balance

Purchase Card Holder:_____
Head Start Center:_____
Month/Year:_____

Date:	Vendor:	Receipt Number:	Food:	Non-Food:	Total:	Purchasing Card Balance:
						Beginning Balance:_____

Totals:

Food:	Non-Food:	Total:	Ending Balance:

* Ending Balance is next month's Beginning Balance.

Purchase Card Holder's Signature:_____

Teacher's Signature:_____