

PURCHASING CARD LOG

CARDHOLDER NAME:						ENDING DATE:	
CARDHOLDER TELEPHONE NUMBER:			WORK UNIT NAME:				
SUPERVISOR NAME (Print or Type):					SUPERVISOR TELEPHONE NUMBER:		
TRANS DATE	VENDOR NAME	DESCRIPTION OF PURCHASE	TRANSACTION AMOUNT	LINE AMOUNT	Storage/Usage	Department ID	Account #

I certify that I have made all of the listed transactions on behalf of the Agency and that they comply with the established procedures for using the purchasing card.

I certify that I have reviewed all of the charges, invoices/receipts, and charging information for the above purchases. All charges and documentation comply with State and Agency purchasing regulations and all charging information is complete and correct.

CARDHOLDER SIGNATURE & DATE

SUPERVISOR SIGNATURE & DATE