PURCHASING CARD TRANSACTION LOG

Date:

Department:

Cardholder Name	Card Account Number	Statement Closing Date

Date of Purchase	Request Number	Acct. No.	Dept. No.	Fund	Vendor	Items Purchased	Total Amount	Receiving Status	Receiving Date	Payment to be Processed

TOTAL AMOUNT PAID:	$0.00

Cardholder Signature:	Printed Cardholder Name:
Reconciled by Coordinator (Signature):	Printed Coordinator Name:
Propriety Review Conducted (Signature):	Printed Propriety Reviewer Name: