

LOCAL GOVERNMENT PURCHASING CARD LOG SHEET

CARDHOLDER NAME: _____

TRANSACTION LIMIT: _____

ACCOUNT NUMBER: XXXX - XXXX - XXXX - _____

BILLING CYCLE (Month/Year): _____

ENTITY: _____

DEPT/ORG.#: _____

Transaction Date	Vendor	Item Description	Quantity	Total Amount	Date Received	R* D* C*	

I hereby certify that the items listed hereon have been received and properly accounted for and approved for payment.

I hereby certify that the items hereon have been received and properly accounted for and approved for payment.

*R=Reconciled
*D=Disputed
*C=Carryover

Purchasing Cardholder Signature Date

Agency Coordinator Signature Date