Purchasing Card - Transaction Log

Department Name: _____ For the Month of: _____

Cardholder Name: _____ Last four digits of card #: _____

Reconciled	Date	Merchant Name	Transaction Amount	Receipt?	Cost Center (BU-Dept ID-Fund)	Reallocated
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			
			$			

Total $_____ (must match monthly statement total)

Cardholder Signature: _____ Date: _____

AND

Departmental Manager or Liaison Signature: _____ Date: _____