

**PURCHASING CARD - TRANSACTION LOG**

\_\_\_\_\_ XXXX-XXXX-XXXX-\_\_\_\_\_  
 Cardholder Name (Printed) Card Number (last 4 digits) Department

<b>Date</b>	<b>Vendor Name</b>	<b>Receipt #</b>	<b>Goods and/or Services-Comments</b>	<b>Amount</b>	<b>Line-Item Account Code</b>
1. _____	_____	_____	_____	\$ _____	_____ - _____ - _____
2. _____	_____	_____	_____	\$ _____	_____ - _____ - _____
3. _____	_____	_____	_____	\$ _____	_____ - _____ - _____
4. _____	_____	_____	_____	\$ _____	_____ - _____ - _____
5. _____	_____	_____	_____	\$ _____	_____ - _____ - _____
6. _____	_____	_____	_____	\$ _____	_____ - _____ - _____
7. _____	_____	_____	_____	\$ _____	_____ - _____ - _____
8. _____	_____	_____	_____	\$ _____	_____ - _____ - _____
9. _____	_____	_____	_____	\$ _____	_____ - _____ - _____
10. _____	_____	_____	_____	\$ _____	_____ - _____ - _____

**I CERTIFY THE ABOVE LISTED GOODS AND/OR SERVICES WERE PURCHASED AND RECEIVED FOR THE COUNTY'S USE.**

Prepared by \_\_\_\_\_  
 (Cardholder Signature) Date

Reviewed/Prepared by \_\_\_\_\_  
 (Site Administrator Signature) Date

Reviewed and Approved by \_\_\_\_\_  
 (Department Head/Elected Official Signature) Date

Reviewed/ Approved by \_\_\_\_\_  
 (Program Administrator Signature) Date

Reviewed and Approved by \_\_\_\_\_  
 (Auditing Department Signature) Date

**The Statement, Receipt(s) and Log must be submitted to the Program Administrator within 3 workdays.**