# **PURCHASING CARD LOG**

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| **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 | | TRANSACTIONAMOUNT | LINE AMOUNT | [Agency Defined Info] | [Agency Defined Info] | | [Agency Defined Info] |
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| 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