

**LOG DUE TO BUSINESS OFFICE
BY THE 24TH OF EACH MONTH**



Transaction Log

Cardholder Name: _____ Department Name: _____ Statement Period (Beginning 11th of Month): _____

Trans- action No.	Order Date	Vendor	Description of Purchase	Total Transaction Amount	Account No.	Delivery Date	Reconcile to Bank Statement
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
TOTAL				0			

***REMINDER - PLEASE KEEP ALL RECEIPTS!**

Cardholder Signature: _____ Date: _____

Keep all receipts and other documentation to reconcile with Transaction Log

Department Head/Supervisor Signature: _____ Date: _____

Director of Purchasing Signature: _____ Date: _____