



Purchasing Card Transaction Log

Cardholder Name: _____ **Location:** _____ **Month:** _____

Cardholder or Card User Name/Title	Authorization Form (required for Card User only)- Yes/No	Date/Time Received	Date/Time Card Returned	Cardholder/User Signature	Vendor	Amount	Purpose of Purchase

Cardholder Signature: _____ **Date**

By signing, I authorize these purchases.

Liaison Signature: _____ **Date**

By signing, I have reviewed these transactions for split purchase, fraud, abuse, and misuse.