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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:
By signing, I authorize these purchases.

Date

Liaison Signature:
By signing, I have reviewed these transactions for Split purchase, fraud, abuse, and misuse.

Date

