

Purchasing Care Transaction Log

Month of: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Department:  ▼

#	Date	GL Code	Description of Purchase	Program	Subtotal	Tax	Total	Note
1							\$ -	
2							\$ -	
3							\$ -	
4							\$ -	
5							\$ -	
6							\$ -	
7							\$ -	
8							\$ -	
9							\$ -	
10							\$ -	
11							\$ -	
12							\$ -	
13							\$ -	
14							\$ -	
15							\$ -	
16							\$ -	
17							\$ -	
18							\$ -	
19							\$ -	
20							\$ -	
21							\$ -	
22							\$ -	
23							\$ -	
24							\$ -	
25							\$ -	
<b>Statement Total</b>					\$ -	\$ -	\$ -	

\_\_\_\_\_  
Cardholder Signature                      Date

\_\_\_\_\_  
Manager's Signature                      Date

Purchasing Care Transaction Log

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