SU PURCHASING CARD PROGRAM
CARDHOLDER TRANSACTION LOG

CARDHOLDER NAME: _____ **MONTH AND YEAR:** _____

TRANS-ACTION DATE	MERCHANT/VENDOR NAME	BUYER PROCARD NUMBER	DEPT ACCOUNT CODE AND SUBOBJECT	DESCRIPTION OF ITEM(S) PURCHASED	TRANSACTION AMOUNT	TOTAL TRANSACTION AMOUNT*

*Should include freight cost.

All transactions appearing on this log that are not included on the current Visa Statement must be carried forward to the new monthly log sheet(s).

By signing and dating this Log the Cardholder and Manager Certify that the purchases shown match the corresponding Visa Statement and meet current SSU and Maryland State purchasing guidelines and regulations.

_____ _____ _____

Cardholder Signature Date Manager Signature Date PCPA or Fiscal Officer Signature Date