PCARD MONTHLY TRANSACTION LOG

CARD # (last 4 digits): CARDHOLDER NAME:			MONTHLY BILLING CYCLE: (Cycle runs the 5th through the 4th)					
TRANS. DATE	MERCHANT NAME	DESCRIPTION OF PURCHASE	DEPT. NUMBER	GL CODE	PAID TAX?	RECEIPT TOTAL	ONLINE STATEMENT AMOUNT	DATE RECEIVED/ PICKED UP
Justification for payment of sales tax:			Grand Total (Must ed	Grand Total (Must equal total on statement)				
						NO PURCHASE MAY BE SPLIT TO AVOID THE TRANSACTION LIMIT		
Cardholder Signature:			Date:		<u>-</u>			
Budget A	uthority Signature:	Date:	Date:					
Accounts	Payable Signature:	Date:		<u>-</u>				
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