

## Attachment 5

### PURCHASING CARD ACTIVITY LOG

Cardholder Name:

Bill Cycle End Date:

Cardholder Telephone:

Department:

Approver Name:

Approver Telephone:

Trans	Date	Vendor	Description of Purchase	Total of items	Tax charge?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

I certify that I have made all of the listed transactions on behalf of the Agency and that they comply with the established procedures for use of card.

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