UNIVERSITY OF ARKANSAS AT MONTICELLO
PURCHASING CARD CYCLE TRANSACTION LOG

Card Holder Name: _____ **Purchasing Cycle Dates**: _____
Business Unit: _____ **Account Number:** _____ **Department Number:** _____ **Fund**: _____
Department Name: _____

Trans. Date	Supplier/Vendor	Out-of-State Vendor Y or N	Description Goods/Services Ordered	Cost of Goods	Sales Tax	Shipping Costs	Total Cost

I certify that the above purchases were made for "official business" use only and were purchased in accordance with the polices and procedures set forth by University of Arkansas at Monticello. I verify that all items listed above have been received and are in satisfactory condition.

Cardholder Signature:_____ **Date:**_____
Dept. P-Card Liaison Signature: _____ **Date:** _____
Dept. Head Signature: _____ **Date:** _____