PAYMENT CARD LOG

Agency/Business Unit:_____ For the Period: _____thru_____

Cardholder Name:_____ Employee ID:_____ Page____of_____

COMPLETED BY APPROVER or RECONCILER

TRANS-ACTION DATE	PHONE Y / N	VENDOR NAME CONTACT PERSON PHONE NUMBER	DESCRIPTION OF PURCHASE OR DESCRIPTION OF RETURN	PURCHASED AMOUNT	RETURNED AMOUNT	DATE RECEIVED / RETURNED	MBE SET ASIDE / EDGE (M or E)	STATE TERM CONTRACT (Y or N)	OAKS VOUCHER ID	OAKS VOUCHER/ LAST UPDATED DATE

Cardholder Signature and Date_____Supervisor Signature and Date_____