SALT LAKE COUNTY
PURCHASING CARD TRANSACTION LOG

Statement Closing Date:_____

Cardholder's Name:	**Phone:**	**Division:**
	Supervisor's Name:	

Cleared Bank	PURCH DATE	Supplier	MATERIAL DESCRIPTION	PURCH AMOUNT	Dept ID	Program	Account	Comments
			TOTAL	$ -				

Be sure to include all reciepts, invoices, meal approval forms, approval emails with your monthly documentation

Cardholder's Signature_____

Supervisor's Signature: _____

Fiscal Manager's Signature:_____