

Month\Billing Cycle: _____ **UMBC PURCHASING CARD PROGRAM CARDHOLDER TRANSACTION LOG**
 (e.g. 26th - 25th)

ALL COLUMNS MUST BE COMPLETED

Dept. Name: _____ Cardholder Name: _____ VISA No. (last 4 digits only) _____ ChartString No. _____

Order Date	Authorization For Purchase (Supervisor Initials)*	Vendor/Contact Name/Phone No.	Item(s) Quantity/Description	Total Cost/Refund	Reallocation/ChartString	Date Received Initials	Proper Documentation Enclosed (see reverse side)	Reconciled to Bank Statement Dated
7/15/06	J.S.	AJ	Memo pads, paper clips, folders	100	1 2 8 4 3 2 8 7 0 0 1 1 / 1 2 3 4 5 6 7 Fund Dept. Prog Fin Account Number C V 4 4 4 6 5 8 / 1 2 3 4 5 6 7 8 / 1 2 3 4 5 Project Activity Code Resource Type	7/16/06	✓	7/25/06
					_____ / _____ Fund Dept. Prog Fin Account Number _____ / _____ Project Activity Code Resource Type			** _____/25/____
					_____ / _____ Fund Dept. Prog Fin Account Number _____ / _____ Project Activity Code Resource Type			** _____/25/____
					_____ / _____ Fund Dept. Prog Fin Account Number _____ / _____ Project Activity Code Resource Type			** _____/25/____
					_____ / _____ Fund Dept. Prog Fin Account Number _____ / _____ Project Activity Code Resource Type			** _____/25/____
					_____ / _____ Fund Dept. Prog Fin Account Number _____ / _____ Project Activity Code Resource Type			** _____/25/____
					_____ / _____ Fund Dept. Prog Fin Account Number _____ / _____ Project Activity Code Resource Type			** _____/25/____
					_____ / _____ Fund Dept. Prog Fin Account Number _____ / _____ Project Activity Code Resource Type			** _____/25/____

NOTE: All purchases and credits must be recorded on this Transaction Log. By initialing and dating this log, the Cardholder and Supervisor or approved designee certify that the purchases above 1) are reasonable and appropriate for their using department, 2) match the corresponding VISA statement and 3) comply with the current UMBC and Maryland State purchasing card regulations, policies and procedures. Original receipts to document each transaction are attached/included.

*Or person other than cardholder's supervisor of card (e.g., faculty member, Dean, Director, Department Head or Supervisor or approved designee).

**May be the 23rd or 24th due to weekend/holiday.

Signature: _____ Date _____ Signature: _____ Date _____
 Cardholder (Must be completed within 30 days after the end of the billing cycle.)
 Review/Approval - Supervisor (or next higher/approved designee) (Must be completed within 30 days after the end of the billing cycle.)

SEE BACK OF ENVELOPE FOR CHECKLIST

Did You Remember To...

- Obtain supervisory approval for all purchases?
- Sign and date gold envelope (cardholder & supervisor) within 30 days of closing of the billing cycle?
- Put required documentation in the gold envelope?
(Receipt/packing slip/paid invoice/hotel receipt/internet confirmation order)
- Put monthly VISA statement in the gold envelope?
- Put required PeopleSoft Report for all chartstrings in gold envelope?
- Fill in asset information tab for sensitive equipment costing between \$750-\$4999? (if applicable)
- Enclose copy of BOA Dispute form (if applicable)?
- Enclose copy of P-card Maintenance form (if applicable)?
- Enclose copy of P-card Supervisor Maintenance Request form (if applicable)?
- Enclose copy of Missing Receipt form (if applicable)?

NOTE: All gold envelopes and p-cards are to be secured in a locked area in the department where only the authorized department personnel have access.