

Month\Billing Cycle: _____

(e.g. 26th - 25th)

UMBC PURCHASING CARD PROGRAM CARDHOLDER TRANSACTION LOG

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	Receipt/Packing Slip Enclosed	Reconciled to Bank Statement Dated
EXAMPLE	7/15/03	J.S.	AJ	Memo pads, paper clips, folders	100	<u>1 2 8 4</u> <u>3 2 8 7 0</u> <u>0 1 1</u> / <u>1 2 3 4 5 6 7</u> <small>Fund Dept. Prog Fin Account Number</small> <u>C V 4 4 4 6 5 8</u> / <u>1 2 3 4 5 6 7 8</u> / <u>1 2 3 4 5</u> <small>Project Activity Code Resource Type</small>	7/16/03	✓	7/25/03
						_____ / _____ <small>Fund Dept. Prog Fin Account Number</small> _____ / _____ <small>Project Activity Code Resource Type</small>			
						_____ / _____ <small>Fund Dept. Prog Fin Account Number</small> _____ / _____ <small>Project Activity Code Resource Type</small>			
						_____ / _____ <small>Fund Dept. Prog Fin Account Number</small> _____ / _____ <small>Project Activity Code Resource Type</small>			
						_____ / _____ <small>Fund Dept. Prog Fin Account Number</small> _____ / _____ <small>Project Activity Code Resource Type</small>			
						_____ / _____ <small>Fund Dept. Prog Fin Account Number</small> _____ / _____ <small>Project Activity Code Resource Type</small>			
						_____ / _____ <small>Fund Dept. Prog Fin Account Number</small> _____ / _____ <small>Project Activity Code Resource Type</small>			
						_____ / _____ <small>Fund Dept. Prog Fin Account Number</small> _____ / _____ <small>Project Activity Code Resource Type</small>			

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).

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.)