

YALE UNIVERSITY PURCHASING/DEPARTMENT CARD TRANSACTION LOG

Statement Month/Year _____

Department Name (print) _____

Last (4) four digits of card number _____

Department Card Administrator (print) _____

Charging Instructions _____

This form must be completed and reconciled to your Monthly Department Card Email Statement

Trans #	Trans Date	CardUser Name	Vendor Name	Items purchased/ordered	Total Price\$	Reallocation (if applicable)	Attendees Charged (Y/N)?	Support Doc (Y/N)	Monthly Stmt (X)	Comment Area
#1.										
	Purpose:					List of Attendees:				
#2										
	Purpose:					List of Attendees:				
#3										
	Purpose:					List of Attendees:				
#4										
	Purpose:					List of Attendees:				
#5										
	Purpose:					List of Attendees:				
#6										
	Purpose:					List of Attendees:				
#7										
	Purpose:					List of Attendees:				
#8										
	Purpose:					List of Attendees:				
#9										
	Purpose:					List of Attendees:				
#10										
	Purpose:					List of Attendees:				
#11										
	Purpose:					List of Attendees:				
#12										
	Purpose:					List of Attendees:				

To the best of my knowledge, I certify that the above Purchasing log is consistent with all pertinent University policies and procedures, all merchandise has been received unless otherwise indicated in the comment area and that all supporting documentation is attached.

Dept/Purchasing Card Administrator Signature: _____ Date: _____