

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	Department/ Program/ Grant	STC, MBE, OBM if any	OAKS VOUCHER ID	OAKS VOUCHER/ LAST UPDATED DATE

Cardholder Signature and Date _____ Supervisor Signature and Date _____