

Purchasing Card Monthly Log

Cardholder Name (please print)						Approver Name (please print)				Reviewer Name (please print)			
Cardholder Signature Date					Approver Signature Date			Revie	ewer Signature	Date			
I hereby certify that all purchases made during the period have been listed on the log sheet below, that I have attached supporting documentation to verify purchases, and that this log has been reconciled to the attached monthly charge card statement.						I hereby certify that the expenses listed on this log sheet have been reviewed and approved as necessary for the conduct of business in the Commonwealth.				Period Closing: /			
AIS Fund	AIS Dept.	AIS Campus	AIS Account	Date		Vendor	PCO #/ eVA excl.*	SWaM (x if yes)	Description		Amount	Please (x) if on Monthly Statement	Comment
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										_			
Keep a copy for your records. *PCO – Purchase card order number Excl – eVA exclusion number.					r.			To	otal:				