Procurement Card Individual Transaction Log

Cardholder Name: ______________________ **DEPARTMENT:** Plant Pathology

MONTH: ______________________ **YEAR:** __________

PLEASE REMEMBER TO INDICATE THE ACCOUNT TO BE CHARGED ON ALL RECEIPTS/INVOICES

						TURNED IN TO OFFICE		
DATE	BUYER'S NAME	MERCHANT NAME	ITEM DESCRIPTION	AMOUNT	Account To Be Charged	Receipt	Invoice	Delegation Form