Reset

DOUGHERTY COUNTY SCHOOL SYSTEM
PURCHASING CARD ACTIVITY LOG

SCHOOL/DEPARTMENT:				**CARD HOLDER'S NAME:**			
CARD NUMBER:				**BILLING CYCLE: Beginning Date**		**End Date**	
Item #	**Date Card Checked Out**	**Person Using Card Initials**	**Vendor Name**	**Transaction Amount (Estimate)**	**Transaction Amount (Per Attached Invoice)**	**Date Card Returned (Initials)**	**Comments**
			TOTAL TRANSACTION AMOUNT ①				
SIGNATURE PRINCIPAL/DEPT. HEAD			**DATE**		**TOTAL (Summary of Purchasing Card Charges) Form FIN-F020**		**②**
SIGNATURE CARD HOLDER			**DATE**		**TOTAL (Monthly Card Statement)**		**③**
							Notes 1,2 & 3 must equal
MUST ATTACH RECEIPTS AND INVOICES FOR TOTAL AMOUNT							

Original – Accounts Payable