STATE OF CONNECTICUT

PURCHASING CARD PROGRAM

# DEPARTMENT CARD PURCHASE LOG SHEET

**BILLING CYCLE:**  Dec 11th – Jan 10th   Mar 11th – Apr 10th  Jun 11th – Jul 10th  Sep 11th – Oct 10th

\_\_\_\_\_\_\_\_\_\_\_\_  Jan 11th – Feb 10th  Apr 11th – May 10th  Jul 11th – Aug 10th  Oct 11th – Nov 10th

YEAR  Feb 11th – Mar 10th  May 11th – Jun 10th  Aug 11th – Sep 10th  Nov 11th – Dec 10th

**DEPARTMENT NAME ON CARD:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CARD NUMBER (Last 4 digits only):** \_\_ \_\_ \_\_ \_\_

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| --- | --- | --- | --- | --- | --- | --- |
| DATE Of  PURCHASE | PURCHASER’S NAME  (CARD USER) | VENDOR  NAME | DESCRIPTION  Of PURCHASE | PURCHASE  AMOUNT | OBJECT  CODE | DISPUTED  ITEM |
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CO-503D *8/2010*

TOTAL AMOUNT Of PURCHASES $

Department Card Custodian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name* *Signature Date*

Department Supervisor/Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name* *Signature Date*