P-CARD LOG SHEET **STATE OF CONNECTICUT** **PURCHASING CARD PROGRAM**

Cardholder Name: _____

Agency #-Name/Department: _____ Billing Cycle Dates _____ to _____

Date of Purchase	Vendor	Description of Purchase	Amount	Object Code	R=Returned C=Credited D=Disputed	On Contract? Yes/No SBE/MBE/WBE
			$			

CO-501 (4/2000)

Cardholder Signature _____ Date _____

Supervisor/Reviewer Signature _____ Date _____ Total $ _____