



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
CARDHOLDER PURCHASING CARD TRANSACTION LOG

Cardholder Name		Division/District/Unit			Statement Ending Date		
PURCHASE DATE	VENDOR NAME	DESCRIPTION OF ITEMS PURCHASED	CONTRACT # (If applicable)	TOTAL PURCHASE AMOUNT	*BACKUP DOCUMENTATION ATTACHED	ORDER RECEIVED COMPLETED (C) PARTIAL (P)	DATE RECEIVED
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
TOTAL PURCHASE AMOUNT				\$ -			
<small>*Backup documentation consists of credit card slips, cash register receipts, sales receipts, packing slips, etc.</small>							
CARDHOLDER							
I certify that the above charges are accurate and complete, are for official State business, and are in accordance with all State and department purchasing and payment regulations.							
CARDHOLDER ORIGINAL SIGNATURE						Date	
APPROVAL							
I certify that I have reviewed the above transaction log and the charges are accurate and complete, are for official State business, and are in accordance with all State and department purchasing and payment regulations.							
APPROVER ORIGINAL SIGNATURE						Date	
AGENCY/DIVISION PURCHASING CARD COORDINATOR ORIGINAL SIGNATURE						Date	