STATE OF CONNECTICUT FUEL CARD PROGRAM
FUEL CARD LOG SHEET

Cardholder Name/Business Unit: _____ Billing Cycle: _____ to: _____

DATE OF PURCHASE	VENDOR	AMOUNT	C=CREDITED D=DISPUTED	RECEIPTS INCLUDED
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

Total $_____

Cardholder Signature: _____ **Date:** _____

Supervisor/Reviewer: _____ **Date:** _____