

P-CARD LOG SHEET
CO-501 (7/03)

STATE OF CONNECTICUT
PURCHASING CARD PROGRAM

Cardholder Name: _____ Business Unit: _____

Billing Cycle Dates: _____ to _____

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

Total \$ _____

Cardholder Signature: _____

Date _____

Supervisor/Reviewer Signature: _____

Date _____