STATE OF CONNECTICUT FUEL CARD PROGRAM DEPARTMENT CARD USER LOG SHEET

Fu	el Card Custodian I	Name:		Bureau/Divis	Bureau/Division name:			
Billing Cycle:		to:		Assigned Card #:				
DATE CARD ISSUED	FUEL CARD USER NAME	FUEL CARD USER SIGNATURE	DATE OF PURCHASE	VENDOR	AMOUNT	RECEIPTS RETURNED	CODING	
						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	\$			
Fuel Card Custodian:Signature					Date:			