

Ector County Purchasing Card-Transaction Log

_____ XXXX-XXXX-XXXX-_____
 Cardholder Name (last 4 digits) Department

Date	Vendor Name	Receipt Number	Good/Service-Comments	Amount	Line-Item Account Code	Purchasing Dept. Approval/ Notes
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		

I CERTIFY THE ABOVE LISTED GOODS/SERVICES WERE PURCHASED AND RECEIVED FOR THE COUNTY’S USE.

Prepared by: _____ Reviewed by: _____
 (Cardholder Signature) (Date) (Site Administrator Signature) (Date)

Reviewed/Approved by: _____ Reviewed/Approved by: _____
 (Department Head/Elected Official Signature) (Date) (Program Administrator Signature) (Date)

Reviewed/Approved by: _____
 (Auditing Department Signature) (Date)

The Statement, Receipt(s) and Log must be submitted to the Program Administrator by the 15th of EACH MONTH.