

# **Ector County Purchasing Card-Transaction Log**

Cardholder Name

XXXX-XXXX-XXXX-\_\_\_\_\_  
(last 4 digits)

## Department

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

Prepared by: \_\_\_\_\_  
**(Cardholder Signature)** \_\_\_\_\_ (Date) \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
**(Site Administrator Signature)** \_\_\_\_\_ (Date)

Reviewed/Approved by: \_\_\_\_\_  
**(Department Head/Elected Official Signature)** \_\_\_\_\_ (Date)

Reviewed/Approved by: \_\_\_\_\_  
**(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 15<sup>th</sup> of EACH MONTH.**