Clear Form

The University of Georgia

P-Card Transaction Log

Print Form

Cardholder Name	Default Account	Period of Review*

Date of Purchase	Vendor Name	Detailed Description of Item/Service (including Quantity & Misc Notes)	Amount (w/freight)	Date Rcvd	Date Billed On Statement	Redistribution Accounts	Business Purpose

I certify that I have made all of the listed transactions on behalf of the University and that they comply with the established procedures for using the P-Card.

Cardholder (Signature/Date): _____ **Printed Cardholder Name:** _____

** All transactions must be recorded on the transaction log as they are purchased. Outstanding items purchased but not yet billed on the monthly statement within thirty (30) days.*