MTSU PURCHASING CARD ACTIVITY LOG

Name: _____
Department: _____
Purchasing Card # _____ **Account #** _____

The reviewer is to sign and date the monthly Summary Billing Statement after reconciliation.

Order Date	Vendor/Contact/Phone#	Quantity/Description	Charges (Or Refund)	Shipping Charges	Date Merchandise Rec'd	Reconciled
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐
						☐

Prepared by _____
(Cardholder)

Reviewed by _____
(Approving Authority)

Date _____

Date _____