

For Purchasing Office Use Only

Purchasing Received Date: _____

Reviewed By: _____

SUNY CORTLAND - PROCUREMENT LOG

Page _____ of _____

Cardholder: _____
Department _____

Statement Month and Year: _____

Statement Total: _____

| Transaction Date | Vendor | Item Description | Price* | Date Received | Account Number | Comments/Notes <i>(or add notes directly to backup)</i> |
|------------------|--------|------------------|--------|---------------|----------------|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
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| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |

TOTAL

Cardholder's Certification: I, certify that all transactions identified above are correct and just, that payment is approved, and that the goods or services furnished were for the performance of the official duties of this cardholder.

Cardholder's Signature: _____ Date: _____

Supervisor's Signature (REQUIRED): _____ Date: _____

Supervisor's Name (Print): _____ Title: _____

**Insert "-" before any negative amounts credited back to your card.*