

**STATE OF ARKANSAS
PURCHASING CARD CYCLE TRANSACTION LOG**

Card Holder: _____

Agency: Southern Arkansas University / Card # (last four digits)

Purchasing Cycle Dates: From: _____

To: _____

Transaction Date	Supplier/Vendor	Description of Goods/Services Ordered	Purpose of Purchase	Cost of Goods + Shipping	Sales/Use Tax	Total Cost	Department Account Number
GRAND TOTALS							

I certify that the above purchases were made for "official business" use only and were purchased in accordance with the policies and procedures set forth by Arkansas Office of State Procurement and that all documentation related to these purchases are being maintained in the agency's file area. In addition, my P-Card Liaison certifies this report to be true and accurate.

Cardholder Signature: _____

Date: _____

Dean/Director Signature: _____

Date: _____

P-Card Liaison Signature: _____

Date: _____