

UL LAFAYETTE LACARTE PURCHASING/TRAVEL CARD LOG

Credit Card No. (Last 4 digits) _____

Cardholder's NAME: _____

Cardholder's ULID _____ Phone _____

Cardholder's DEPT: _____

Date of Statement _____

Page ___ of ___

					FOAP				
PURCHASE DATE	RECEIVED DATE	VENDOR NAME (ORIGINAL RECEIPTS MUST BE ATTACHED)	TRANSACTION DESCRIPTION	SPECIAL MEAL OR INVITED GUEST No. (ATTACH APPROVED COPY)	Fund	Org	Account	Program	AMOUNT
TRANS. DATE	POSTED DATE	VENDOR NAME (ORIGINAL RECEIPTS MUST BE ATTACHED)	TRANSACTION DESCRIPTION	TRAVEL REQUEST NUMBER (ATTACH APPROVED COPY)	Fund	Org	Account	Program	AMOUNT

Note: Top section is for general purchases, bottom section is for travel expenses. Original receipts must be attached. LOG TOTAL: _____

APPROVAL SIGNATURES

Cardholder: _____ Date: _____

Comptroller: _____ Date: _____

Manager: _____ Date: _____

Purchasing: _____ Date: _____