ESU KUTZTOWN UNIVERSITY/EAST STROUDSBURG UNIVERSITY PURCHASING CARD PROGRAM MONTHLY TRANSACTION LOG

Cardholder Name:

Default Cost Center Number (10 Digits):

Telephone Number (Full Number):

Department/Division:

Statement Period: _____ through _____

PLEASE COMPLETE <u>ALL</u> FIELDS. INCOMPLETE FORMS WILL BE RETURNED TO CARDHOLDER

Purchase Date	Alternate Cost Center #	Vendor	Item(s) Purchased & Purpose	Qty	Unit (EA.) Price	Total Order Amount

TOTAL \$

Cardholder's Name (PRINT NAME):

Cardholder's Signature (SIGNATURE):

Date:

Date: