Millsaps College

CREDIT CARD TRANSACTION LOG

DATE: _____CARDHOLDER NAME: _____ **DEPARTMENT: _____**

Instructions:

1) Fill out this form in its entirety (using additional sheets if necessary), sign and date form
2) Attach completed form to credit card statement and receipts
3) Send form, credit card statement, and receipts to ***Regina Italiano, Box 150433***

PLEASE GIVE AN EXPLANATION FOR EACH CHARGE

DATE	PLACE	PERSONS INVOLVED	BUSINESS PURPOSE FOR EXPENSE	ACCOUNT NUMBER	AMOUNT

TOTAL AMOUNT APPROVED FOR PAYMENT: $ _____

Please use additional sheets as necessary

Total should match the total on your monthly statement

SIGNED: _____
Card Holder DATE

SIGNED: _____
Budget Administrator DATE