Attachment B

PROCARD ACTIVITY LOG

Name:_____

Department:_____

Charges for the billing period: _____ **(month & year)**

Procard #_____

Reconciled By:_____ Date:_____

Approved By:_____ Date:_____

Order Date	Vendor/Contract/Phone #	Quantity/Description	Charges (Or Refunds)	Acct. # / Object Code	Date Merchandise Received	*

* Reconciler to check as charges are verified with statements and receipts.