

## UMASS CENTRAL ADMINISTRATION PROCARD TRANSACTION LOG

Cardholder: \_\_\_\_\_

Bank Statement Date: \_\_\_\_\_

Last 4 Digits of Card Number: \_\_\_\_\_

INSTRUCTIONS: Complete log in chronological order of CITI statement. Attach receipts, packing slips and any other backup information. Cardholder signature/date required before forwarding to cardholder's supervisor for review & signature. Lastly, forward to Procard Manager for processing.

Speedtype: \_\_\_\_\_

Transaction Date	Vendor Name	Description of Purchase	Transaction Amount \$\$	Receipt Received ?	Comments	Destination / Purpose	Reallocation Code
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			
				Yes No <input type="checkbox"/> <input type="checkbox"/>			

**CARDHOLDER'S CERTIFICATION:** I hereby certify under penalty that the above expenditures as itemized are true and correct, and were for official University business.

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

FUND ADMIN SIGNATURE (if different from Supervisor): \_\_\_\_\_

PREPARED BY: \_\_\_\_\_

DATE SENT TO PROCARD MANAGER: \_\_\_\_\_

SUBMITTED IN TIMELY MANNER? YES NO  
(Within 15 days of statement date)