PROCUREMENT CARD SIGN OUT LOG

SCHOOL/DEPARTMENT: _____

Card: _____Monthly Limit: _____ Transaction Limit: _____ Card: _____Monthly Limit: _____ Transaction Limit: _____
Card: _____ Monthly Limit: _____ Transaction Limit: _____ Card: _____ Monthly Limit: _____ Transaction Limit: _____

CHECK OUT						RETURN			
Card #	Indiv or Dept Card	Department	User's Signature	Check Out Date	Vendor's Name	Purchase Amt	Receipt Y/N	Return Date	Custodian's Signature

Revised 09/29/2004