

SUNY CORTLAND - PROCUREMENT LOG

Cardholder: _____
 Department: _____

Statement Month and Year: _____

Transaction Date	Vendor	Description	Price	Date Received	Account Number	Comment
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Total

Cardholder's Certification: Certify that all transactions identified above are correct and just, that payment is approved and that the goods or services furnished were for the performance of the official duties of this cardholder.

Cardholder's Signature: _____ Date: _____

Supervisor's Signature (REQUIRED): _____ Date: _____

Supervisor's Name (Print): _____ Title: _____