CO-501 rev. 01/2020

STATE OF CONNECTICUT PURCHASING CARD PROGRAM

PURCHASE LOG

Cardholder Name		Billing Cycle (select)	
Name on Card (if different)		Billing Year	
Card Number (Last 4 digits)			

DATE OF PURCHASE	VENDOR	DESCRIPTION OF PURCHASE	AMOUNT	ACCOUNT CODE	R - Returned C - Credited D - Disputed	CONTRACT NUMBER	SBE/MBE?
		TOTAL	$ 0.00				

Cardholder Name		Approver Name	
Cardholder Signature		Approver Signature	
Date		Date	