

SUNY Potsdam PURCHASING LOG

Cardholder _____

Page _____
Billing Statement Date: _____

Transaction Date	Vendor	Description	Price	Dated Received	Account Number

Cardholder's Certification:

I 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 official duties of this cardholder.

Cardholder's Signature _____ Date _____

Supervisor's Signature _____ Date _____
(If required)

*PLEASE BE SURE THAT NONE OF THE ABOVE TRANSACTIONS ARE BEING CHARGED SALES TAX.