Building/Dept.:	Statement Closing Date:	PO #:	
Contact Name:	Month/Year	Approved:	☐ Yes
Control Account: 4484-9150-0100-		Received:	Yes
		PO Total \$:	
	VISA/PRO		
VISA PROCARD CHECKLIST	CHECKLIST		
Include ALL of the following:			
Copy of your emailed statement & summary sheets	nt & summary sheets		
<ul> <li>☐ Completed individual logs with:</li> <li>✓ Account numbers listed on log</li> <li>✓ Receipts attached to individual log</li> <li>✓ Log signed by cardholder</li> </ul>	log dual log		
Include any of the following, if needed:	led:		
<ul><li>□ Status of Missing Receipt Forms</li><li>□ Reimbursement of Sales Tax Forms (with cash attached)</li><li>□ Statement of Questioned Items Forms</li></ul>	ns Forms (with cash attached) s Forms		
IS PO RECEIVED?			
IS PO APPROVED BY ALL APPROVERS?	APPROVERS?		

## **HAYSVILLE USD 261**

## **PURCHASING CARD LOG - INDIVIDUAL**

Signature:											Date	action	rans-	Cardholder:
	<b>NOTE</b> : Each item above <u>MUST</u> have a <u>receipt</u> and this form MUST be <u>signed.</u>										Vendor			
Date:	<u>T</u> have a <u>receipt</u> and th													_Card Number:
	his form MUST be <u>signed</u> .										Description			4484-9150-0100-
Total											Account Number			Statement Start Date: Statement End Date:
											Amount			
Management of the second											XX	Rec'd	And the second second	