

**MARSHALL COUNTY CREDIT CARD
LOG SHEET**

CARDHOLDER NAME:

ACCOUNT NUMBER (LAST 4 DIGITS):

BILLING CYCLE (Month/Year):

*R = Reconciled

*D = Disputed

Transaction Date	Vendor	Item Description	Quantity	Total Amount	Date Received	R D	Account Code
				\$0.00			

I hereby certify that the items listed hereon have been received and properly accounted for and approved for payment.

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Purchasing Cardholder Signature

Date

Director/Supervisor

Date

Marshall County Coordinator Signature

Date