

**MACON-BIBB COUNTY
PURCHASING CARD ACTIVITY LOG**

CARDHOLDER NAME: _____ DEPARTMENT: _____

CARDHOLDER CARD# : _____ FOR THE MONTH OF: _____

DATE SUBMITTED: 11/1/2018 14:28

LINE	INVOICE DATE	VENDOR NAME	ITEM DESCRIPTION	AMOUNT	ACCOUNT NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
TOTAL				-	

I hereby confirm that all purchases stated above follow all Purchasing Card Policies and Procedures.

Cardholder Signature

Approval Signature