

Sul Ross State University

Procurement Card Transaction Log

PCard Name & Number (last 4 digits):	Statement Closing Date:		
Delegate Name (Print):	Delegate Signature:		

By signing below and checking out the Procurement Card, I understand that I will be personally liable for any inappropriate or unauthorized charges, and will reimburse Sul Ross State University for these charges. I further certify that I understand and agree to abide by all Procurement Card Program policies and procedures attributed to my use of the P-Card.

Date Out	Date In	Checked Out By (Print Faculty/Staff Name)	Signature	Vendor Name & Item(s) Purchased (use multiple lines if needed)	Amount



Sul Ross State University

Procurement Card Transaction Log

Date Out	Date In	Checked Out By (Print Faculty/Staff Name)	Signature	Vendor Name & Item(s) Purchased (use multiple lines if needed)	Amount
	8				
	12				
	9				
	5				
	7				
	1:				
	2				
	r.				
	2 2				
	20 				
	-				
	5				