MONTHLY TRANSACTION LOG
EXHIBIT #3

This form should be attached to monthly billing statement with all receipts, packing slips, invoice copies, purchase orders, etc.

Cardholder _____ Department _____ Billing Cycle _____

Order		Item		
Date	Vendor	Description/Odometer Reading	Cost	Purchase Order
		GRAND TOTAL	$0.00	

I certify that the above listed items have been purchased by me for the sole and exclusive use of Parker County in compliance with the Parker County Procurement Card Policy and Procedures Manual.

Cardholder Signature _____ Date _____

Elected Official/_____ Date _____
Department Head Approval