

Credit Card Expense Log

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Name:		Position:		Extension:	
Date	Description of Purchase	Vendor's Name		Amount on Receipt	Account Number to Charge
Total:					
Account Subtotals:					Account #:
×					
Card User's Signature Date					
Approving Official Signature Date					

I certify that all purchases listed on this statement are true and correct and were made for official ASI business. All goods and services have been received and payment is authorized. Copies of receipts for all items are listed below. I acknowledge that I am liable for any charges not supported with receipts.