



# Vermont Department of Public Safety Purchasing Card - Transaction Log

<b>Section color legend:</b>				<i>Select drop down menus for reporting period and year.</i>		
Cardholder entry		<b>1. Cardholder Name:</b>		<b>3. Reporting Period</b>	<i>select month range</i>	<i>Calendar year</i>
Supervisor entry						
Commissioner entry		<b>2. Division:</b>				
Accounting entry				<b>4. Last four digits of card # :</b>		
No entry (autofill)						

**Attach  
Receipts & Approvals**

*To be filled in by Cardholder. All cells must be completed. An entry should be made for all credits applied to the statement.*

5. Transaction Date	6. Merchant Name	7. Transaction Amount	8. Fund	9. Dept. ID	10. Project	11. Program	12. Description	13. Reason for Purchase & Location	14. Itemized Receipt Attached	15. Approval Attached*	16. Third-Party Reimbursement Required*

Accounting Department use only - account coding:

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Accounting Department use only - account coding:

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Accounting Department use only - account coding:

<b>17. Total</b>		<b>Total for all pages</b>
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Approver	Date	By checking the "Authorize" box and entering your name below, you are confirming your electronic signature and authorizing this form. This signature along with your email address submittal act as your signature of authorization and certifies all expenses were for official State of Vermont Business purposes.	
<b>18. Cardholder</b>		Authorize: <input type="checkbox"/> Check Box	Name:
<b>19. Supervisor</b>		Authorize: <input type="checkbox"/> Check Box	Name:
<b>20. Commissioner</b>		Authorize: <input type="checkbox"/> Check Box	Name:

*Supervisor must submit to Commissioner if no receipt/Replacement Receipt Form, or approval documentation is missing.*

\* Every purchase must be accompanied with one of the following types of approval:  
 Emergency Purchase Form , Department Provided Food & Refreshment Form, Travel Authorization Form, or general purchase email.  
**Exception** - Employees with Signature Authority status may skip the general purchase email requirement.  
 Employees with Signature Authority status may skip the general purchase email requirement.  
 The state **Third-Party Reimbursement Form** must also be included for third party reimbursements.  
 \*\* Replacement Receipt Form , must be attached if a receipt is missing.  
 Overuse of the Replacement Receipt Form could lead to revocation of the P-Card.  
 Submission email address: [DPS.PCARD@vermont.gov](mailto:DPS.PCARD@vermont.gov)



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