STATE OF LOUISIANA - LACARTE PURCHASING CARD LOG

CARDHOLDER NAME: _____ **AGENCY #:** _____

PHONE NUMBER: _____ **STATEMENT ENDING DATE:** _____

SECTION: _____ **LAST 4 DIGITS OF ACCOUNT NUMBER:** _____

NO.	DATE	VENDOR NAME	DESCRIPTION	QUANTITY	AMOUNT	ACCOUNTING INFORMATION						OTHER INFORMATION
						AGENCY	ORG	OBJECT	SUB OBJ	RPT CAT	ACTIVITY	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
TOTALS					$0.00							

_____
Supervisor/Reviewer Name Printed

_____
Cardholder Signature

_____
Supervisor/Reviewer Signature

_____
Date

_____
Date

Fax to Financial Services:

(225) 925-7458