

**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												
<b>TOTALS</b>												

\_\_\_\_\_  
Supervisor/Reviewer Name Printed

\_\_\_\_\_  
Supervisor/Reviewer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

**Fax to Financial Services:**  
**(225) 925-7458**