

WEST VIRGINIA OFFICE OF MINERS' HEALTH SAFETY & TRAINING

PURCHASING CARD LOG SHEET

AGENCY: Miners' Health, Safety & Training

STATE ORG: 0314

Card Holder:

Vendor:

Transaction Date:

PO Number:

Amount:

Date Received:

Description of Item:

Reconciled

Carryover

Disputed

Accounting Information:

S Document No.:

I hereby certify that the items listed hereon have been received and properly accounted for and approved for payment.

I hereby certify that the items listed hereon have been received and properly accounted for and approved for payment

Cardholder's Signature

Date

Agency Coordinator Signature

Date

For Equipment Purchases Only! Please provide the following information for inventory:

Office \ Location:

Manufacturer:

Make \ Model:

Serial Number:

Property Tag Num.: