STATE OF CONNECTICUT

PURCHASING CARD PROGRAM

# DEPARTMENT CARD USER LOG

DEPARTMENT NAME ON CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DEPARTMENT CARD NUMBER *(Last 4 digits only)*: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

BILLING CYCLE:

 Dec 11th – Jan 10th   Mar 11th – Apr 10th  Jun 11th – Jul 10th  Sep 11th – Oct 10th

 \_\_\_\_\_\_\_\_  Jan 11th – Feb 10th  Apr 11th – May 10th  Jul 11th – Aug 10th  Oct 11th – Nov 10th

 Year  Feb 11th – Mar 10th  May 11th – Jun 10th  Aug 11th – Sep 10th  Nov 11th – Dec 10th

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| **CARD USER** | **CARD TAKEN OUT FOR USE** | **CARD RETURNED** |
| **Printed Name** | **Signature** | **Date** | **Time** | **Date** | **Time** |
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DEPARTMENT CARD CUSTODIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Printed Name*

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 *Signature Date*