|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPENDIX 5: CARD TRANSACTIONS LOG** | | | | |  | |  | | | | | |  |  | | | |  |
| **Cardholder Name:** | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | **Doc No:(System input)** | |  | | | | | | | | |  |
|  | |  |  | |  | |  | | | | | |  |  | | | |  |
| **Location:** | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **MONTH:** | | **Date input on System:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
| **No:** | **Date:** | | **Description of Goods Purchased** | | **Supplier** | | **Cost Element** | **Amount** | **Cost Centre** | | | **Reconciled to Statement** | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
|  |  | |  | |  | |  |  |  | | |  | | | | | |
| Please retain this form for a period of 6 years as it is required for vat /audit purposes | | | | | | |  | System Control A/C |  | | |  | | | | | |
| *I herby certify that the above is an accurate account of credit card/procurement card*/f*uel card expenditure actually and necessarily incurred by me in the performance of my duties for the HSE. I also certify that goods/services in respect of the above expenditure have been delivered to/received by the appropriate client/staff member for whom the goods and services were intended.* | |  | |  | |  |  |  |  | | |  | | | | | |
| Signature of Cardholder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  | Date:\_\_\_\_\_\_\_\_\_\_ | | | |  | | | | | |
| *I herby certify that I have examined the purchasing log expenditure summary. I am satisfied that the amounts listed were necessarily incurred in the discharge of the employees duties and that amounts shown are correct and reconcile to purchase receipts and to card bank statements for the period.* | | | | | | | |  | | | | | | | |  |  |
| Signature of Authorising Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | Date:\_\_\_\_\_\_\_\_\_\_ | | | |  | | |
| Signature of Officer inputting on System\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | Date:\_\_\_\_\_\_\_\_\_ | | | |  | | |