



SAN JUAN COUNTY
Public Hospital District No. 1

Credit Card Purchase Log

Name on credit card: _____ Last four digits of credit card: _____

Date (List in order)	Merchant Name	Description (e.g. supplies, equipment, meals, lodging, uniforms, medical supplies...)	Transaction Amount	BARs Code
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total Expenditures:			\$	

Receipts must be obtained for each credit card transaction and attached to this form.

I, _____, attest that these expenses are authorized pursuant to San Juan County Public Hospital District No. 1's credit card Policies and Procedures and were not used for personal items.

Cardholder Signature Date