

**Jenks Public Schools  
P-Card Usage Log**

Department Name: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_ Statement Total: \$ \_\_\_\_\_

Receipt Total: \$ \_\_\_\_\_ *(Should match the Statement Total)*

Travel Expenses Included?    \_\_\_ No    \_\_\_ Yes

Item #	Transaction Date	Merchant Name	Debit Amount (Purchase)	Credit Amount (Return)	Brief Description	Purchase Order Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
<b>Total</b>			\$ -	\$ -		

Additional logs may be completed and submitted as necessary