

ProCard Sign In/Sign Out Log

Department Name: _____ Physiology and Biophysics _____ Month/YYYY: _____

****Employee Usage Agreement: the VISA Purchasing Card is considered U. of L. property and must be used in accordance with the University of Louisville Card Policies and Procedures. Your signature in the columns below verifies that you understand and agree to comply with the following: the card is for University of Louisville business-related purchases only; personal charges are not to be made to the card nor alcohol purchases without prior approval.**

SIGNING OUT			SIGNING IN			
Card # (last 6 digits)	Name	Date	Vendor/Item Purchased	Business Purpose	Date Returned	Signature

**Cardholder/Responsible party should verify transactions to ensure that purchases are not a violation to policy and procedures.

**Cardholder/Responsible party must retain all receipts and other necessary documentation for each transaction listed above.

Cardholder/Responsible Party Name	Signature	Date