SAM HOUSTON STATE UNIVERSITY
Procurement Transaction Log

Procurement Card Number: _____ Statement Closing Date: _____

Delegate Signature: _____

By signing below and checking out the Department Procurement Card, I understand that I will be personally liable for any inappropriate or unauthorized charges, and will reimburse Sam Houston State University for these charges. I further certify that I understand and agree to abide by all Procurement Card Program policies and procedures attributed to my use of the Department P-Card.

Date Out	Time Out	Checked Out By (Print Faculty/Staff Name)	Signature	Date In	Time In