

**State of Maryland Corporate Purchasing Card Program  
 Department of Health and Mental Hygiene Cardholder Activity Log**

Cardholder Name: \_\_\_\_\_

Period Covered - Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Order Date	Supplier / Contact /Phone #	State Contract (Y or N)	MBE / WBE/ SBR	Quantity / Description	Cost / Refund	Delivery Costs	Sales Tax	Transaction Amount	Delivery Date	Recon to Bank Stmt	PCA	Ag Obj/MBE Category
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____/____

**The Activity Log is the key to managing and controlling the Purchasing Card Program. The cardholder must record all purchases and credits on the Activity Log as they occur and when the monthly bank statement is received, each charge/credit is to be verified to the Activity Log. The cardholder's immediate supervisor must review the Activity log and bank statement to ensure the propriety of purchases, keeping in mind that gift cards and other cash-like purchases are forbidden, and that all equipment purchases have been recorded on property inventory records. To document this review, the supervisor is to sign and date the Activity Log and the monthly bank statement. The original documentation, Activity Log, and bank statement are to be forwarded to the Agency Fiscal Officer for retention. By signing below, the cardholder and their supervisor both certify adherence to all applicable regulations and policies and the performance of the above. By signing below, the Fiscal Officer certifies that the bank statement has been reconciled to R\*STARS and that an adjustment has been prepared and/or submitted to distribute credit card charges to the proper PCA and Agency Object**

\_\_\_\_\_  
 Cardholder Signature  
 Rev 3-15-10

\_\_\_\_\_  
 Cardholder's Supervisor's  
 Review Signature

\_\_\_\_\_  
 Agency Fiscal Officer's  
 Review Signature

\_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_