SUNY Cortland Travel Card Log

Cardholder Name: _____

Card Statement Month and Year: _____

Transaction Date(s)	Description of travel expense	Account	Sub-Object	Amount

Departmental Management Certification: certifies that all transactions identified above are correct and just, that payment is approved and that the goods or services furnished were for the performance of the official duties of the cardholders.

Cardholder Signature _____   Date: _____

Management Approval (REQUIRED) _____   Date: _____