Student Use Only Checkout Card Transaction Log

Card Name (*as printed on plastic*): **Card Trustee Name:**

By signing below you agree to the University Payment Card policies and procedures and the department's specific guidelines for use of this card.

A copy of the payment card policies and procedures can be requested from the Card Trustee. This card is for use by Vanderbilt students ONLY. This c ***ard and all receipts must be returned within 24 hours, unless otherwise approved. Failure to do so may result in loss of card privileges.***

To be completed upon check out of card				*To be completed upon return of card and supporting documentation*					
Signed Out to: (Print)	**Signed Out to: (Signature)**	**Date**	**Phone #**	**Merchant Name**	**GL Account**	**GL Cost Center**	**Business Purpose for purchase**	**Date**	**Receipt Amount**
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