Department Purchasing Card LogSheet				
I understand that by using this Department Purchasing Card, I agree to the following				
terms and conditions				
• U	Use is only for Stanford-related		Will not buy restricted commodities	
	business		• I will keep the card number confidential	
	Use is only for authorized Purchases		Misuse of the Card will result in loss of	
Return the Department Card with all		n all acce	access	
receipts				
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	Custodian Name:		Date:	
1.	Designee Name:		Date:	
	Time Out: Time In	1:	Acct. #	
	Business Purpose:			
2	Designee Name:		Date:	
	Time Out: Time In	1:	Acct. #	
	Business Purpose:			
3.	Designee Name:		Date:	
	Time Out: Time In	n:	Acct. #	
	Business Purpose:			
4.	Designee Name:		Date:	
	Time Out: Time In	1:	Acct. #	
	Business Purpose:			
5.	Designee Name:		Date:	
	Time Out: Time In	1:	Acct. #	
	Business Purpose:			
6.	Designee Name:		Date:	
	Time Out: Time In	າ:	Acct. #	
	Business Purpose:			
7.	Designee Name:		Date:	
	Time Out: Time I	1:	Acct. #	
	Business Purpose:			
8.	Designee Name:		Date:	
	Time Out: Time In	1:	Acct. #	
	Business Purpose:			
9.	Designee Name:		Date:	
	Time Out: Time In	1:	Acct. #	
	Business Purpose:			
10.	Designee Name:		Date:	
	Time Out: Time In	n:	Acct. #	
	Business Purpose:		1	