St. Clair County Community Mental Health

Credit Card Charge Log

| Staff: | | | Month & Year: | | |
|---|----------------|------------------|---------------|--|------------|
| Note: Attach all charge slips, receipts, etc. when submitting this form. | | | | | |
| Date | Name of Vendor | Type of Purchase | Charge to | Comments (Relationship to Agency Business, if not obvious) | Total Cost |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Count Holdon Cinnothing | | | Printed Name | | |
| Card Holder Signature | | | Printed Name | | |
| | | | | | |
| | | | | | |
| | | | Printed Name | | |

Finance Form: #07-0251 Revised Date: 12/26/2024

Policy Ref: #07-001-0005, #07-001-0006