

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

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date