



STATE OF LOUISIANA PURCHASING CARD PROGRAM

EXIT REVIEW FORM

Date of Review: _____

Cardholder's Name: _____

Pending Transactions:

1. _____
2. _____
3. _____
4. _____
5. _____

Total Outstanding Purchase Amount: _____

(More than one form may be used if needed)

I, _____, do certify that the above purchases were made for official state business. I also certify that all supporting documentation and receipts are attached.

Cardholder Signature

Date

Reviewer Signature

Date