

# PURCHASE CARD LOG

NAVSUPPACT NAPLES FORM 4200/4 (NEW 8-21)

CARDHOLDER: \_\_\_\_\_

BILLING CYCLE: \_\_\_\_\_

Control Number	Requestor Name/ N-Code	Description	Purchase Date	Merchant Name	Estimated Amount (\$ or Euro)	Paid Amt (\$)	Date Received	JON	Amount Paid and CC Reallocated	Receiver Name	Credit Amt Recvd	Covid 19	Sec. 889 Compliant <small>(see 889 Key Code)</small>	Status	Comments
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**TOTAL**

CH NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AO NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_