COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
DAILY CAL-CARD TRANSACTION LOG

804.07 - Attachment 3

Date:	Office Phone #:	Team Leader:
Employee:		Program / Division:

Items Purchased

All purchases must be discussed with and approved by the Division Manager or Designee. All unplanned purchases must be identified by checking the Exception box below and explaining why it was not discussed, in addition to justifying the purchase. Attach additional information if necessary.

Location	Description	Vendor	Cost	Justification for the Purchase
	Item #1			☐ Exception
	Item #2			☐ Exception
	Item #3			☐ Exception
	Item #4			☐ Exception
	Item #5			☐ Exception
	Item #6			☐ Exception
	Item #7			☐ Exception
	Item #8			☐ Exception
	Item #9			☐ Exception
	Item #10			☐ Exception
	Item #11			☐ Exception
	Item #12			☐ Exception

Cardholder Signature _____ Date _____

Cardholder Signature _____ Date _____

Cardholder Signature _____ Date _____