

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

IMPAC ORDER LOG

CARDHOLDER NAME _____

CARD NUMBER _____

MONTH OF _____

PAGE ____ OF ____

Purchase Date Receipt Date	Vendor Information Name, City, State, Phone	Purchase Amt Freight Amt*	Detailed Item Description	Unit Document Number	(Optional Use)
P/D	Name City, St	P/A			
R/D	Phone	F/A			
P/D	Name City, St	P/A			
R/D	Phone	F/A			
P/D	Name City, St	P/A			
R/D	Phone	F/A			
P/D	Name City, St	P/A			
R/D	Phone	F/A			
P/D	Name City, St	P/A			
R/D	Phone	F/A			
P/D	Name City, St	P/A			
R/D	Phone	F/A			

*Documentation for freight over \$100 must be provided

I certify this to be a true representation of the documentation kept by this unit in support of the charges for the cardholder number and date indicated above.

Approving Official Signature: _____

