

## Purchasing Card Reconciliation Form

**Vendor:**

**Purpose\*:**

**Description:**

**Accounts to be Charged:**

Budget	Fund	Cost Center	Obj. Code	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**FANS Information:**

**Print Name:**

**Signature (cardholder):**

**Date:**

**Attach Receipt:**

Attach receipt to a separate sheet if larger than the space provided.  
 Also, attach the Group Meal Form if charge is for a group meal

**To be completed by the reconciler**

**P Number:** \_\_\_\_\_

**Reconciler's Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If credit**

**P# of Original Transaction:** \_\_\_\_\_

**If duplicate charge**

**Reconciler's Initials:** \_\_\_\_\_

**Credit to correct**

**duplicate P#:** \_\_\_\_\_

**Comments (optional):**

\*if research, briefly explain how item(s) is/are being used