



### Purchase Card Reconciliation Form

This form and supporting documentation **MUST** be received by the Controller's Office no later than the tenth (10<sup>th</sup>) day of each month.

*Please complete this form in its entirety.*

<b>Cardholder Information</b>					
Name: _____		Email: _____			
Last 4 Digits of Card No.: _____		Statement End Date: _____			
<b>Department Administrator Information</b>					
Name: _____		Email: _____			
Phone: _____		Department: _____			
<b>Default FOAPAL</b>					
Fund:	Organization:	Account:	Program:	Activity: N / A	Location:

Total Charges per Statement: \$ _____		<b>All Items Reconciled?</b>	Yes	No
		<i>(If "No" explain below)</i>		
Amount	Explanation	Resolution		

I certify that all charges associated with the Purchase Card Statement are valid CCRI charges, adhere to all Purchase Card Rules and Regulations, and that all required backup documentation is included.  
*Please print and hand sign all signatures.*

_____	_____
Cardholder (Signature)	Date
_____	_____
Department Administrator (Signature)	Date

<b>Grant Accounting Approval</b> <i>(for grant funds only)</i>	
_____	_____
Grant Accounting Office (Signature)	Date

<b>To be completed by the Controller's Office</b>	
Audited without exception: _____	_____
CCRI Controller's Office	Date



## Purchase Card Reconciliation Form

Please indicate if any transaction should be charged to a FOAPAL different than the default FOAPAL of your P-Card.

*If you are utilizing grant funds, please provide a detailed justification of each purchase indicating what makes it an allowable use of grants funds. An acceptable justification connects the purchase to the grant budget and describes how the purchase supports the goal(s) of the grant as approved by the funding source.*

Trans. Date	Description or Grant Justification	Amount	Fund	Organization	Account	Program	Location



### Purchase Card Reconciliation Form (cont'd)

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