\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Department Head Signature

Date

Printed Name of Supervisor/Depart. Head

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext\_\_\_\_\_\_\_\_

**numbers beginning with 210XXX & 211XXX)**

**(Required ONLY for transactions charged to fund**

Representative

Contracts and Grants Signature

Date

Printed Name of Contracts & Grants

Printed Name of Cardholder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

set forth in the “P-Card Guidelines”, “Employee P-Card Agreement”, and Statement/On-Line Reconciliation User Guides.

\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reconciler Signature

Date

Printed Name of Reconciler

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ext\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature

Date

Purchasing Reviewer Signature

Printed Name of Purchasing Reviewer

•

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**numbers beginning with 8XXXXX - (except 832202)**

Revised 5/2019

P-Card Monthly Sign-Off Sheet

P-Card Drop Box

1604-B Lowery Street

After review, sign and drop your packet off to: Purchasing Services

**numbers beginning with 245XXX & 257XXX))**

**(Required ONLY for transactions charged to fund**

Date

Endowment Accountant Signature

Printed Name of Endowment Acct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Required ONLY for transactions charged to fund**

Representative

Date

Financial Services Signature

Printed Name of Financial Services

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Works statement – (print from Works website)

Bank of America statement (print from Payment Center website)

Missing Receipt Affidavit – (if applicable)

Original receipts – (receipts must be in order as they appear on the Bank of America statement)

Statement Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last 4 digits of credit card number: xxxx-xxxx-xxxx-

**P-Card Monthly Sign-Off Sheet**



P-Card Monthly Sign-Off Sheet (this page)

**Complete your Statement Reconciliation Packet in this Order**

**person. (Effective with July/2018 packets). Three different signatures are required unless Purchasing has approved the**

**Cardholder and Reconciler to be the same person.**

**Director. (Effective with 11/2015 packets). The Cardholder and the Supervisor/Department Head cannot be the same**

By signing below, I certify that I have reviewed and approve all charges as in compliance with the rules and regulations

Transaction Dispute Form – (if applicable)

International Transaction Fee Receipt – (if applicable)

**Reconciler cannot be the same person unless approved by the P-Card Administrator, P-Card Admin, or Purchasing**

**Signatures: Cardholder, Reconciler, and Supervisor/Department Head signatures are required. The Cardholder and**