



P-Card Monthly Sign-Off Sheet

Last 4 digits of credit card number: xxxx-xxxx-xxxx- Statement Date: _____

Complete your Statement Reconciliation Packet in this Order

- P-Card Monthly Sign-Off Sheet (this page)
- Bank of America statement (print from [Payment Center website](#))
- Works statement – (print from [Works website](#))
- Original receipts – (receipts must be in order as they appear on the Bank of America statement)
- Missing Receipt Affidavit – (if applicable)
- International Transaction Fee Receipt – (if applicable)
- Transaction Dispute Form – (if applicable)

Signatures: Cardholder, Reconciler, and Supervisor/Department Head signatures are required. The Cardholder and Reconciler cannot be the same person unless approved by the P-Card Administrator, P-Card Admin, or Purchasing Director. (Effective with 11/2015 packets). The Cardholder and the Supervisor/Department Head cannot be the same person. (Effective with July/2018 packets). Three different signatures are required unless Purchasing has approved the Cardholder and Reconciler to be the same person.

By signing below, I certify that I have reviewed and approve all charges as in compliance with the rules and regulations set forth in the “P-Card Guidelines”, “Employee P-Card Agreement”, and Statement/On-Line Reconciliation User Guides.

_____ Ext _____	_____	_____
Cardholder Signature	Printed Name of Cardholder	Date

_____ Ext _____	_____	_____
Reconciler Signature	Printed Name of Reconciler	Date

_____ Ext _____	_____	_____
Supervisor/Department Head Signature	Printed Name of Supervisor/Depart. Head	Date

_____	_____	_____
Contracts and Grants Signature <small>(Required ONLY for transactions charged to fund numbers beginning with 210XXX & 211XXX)</small>	Printed Name of Contracts & Grants Representative	Date

_____	_____	_____
Endowment Accountant Signature <small>(Required ONLY for transactions charged to fund numbers beginning with 245XXX & 257XXX)</small>	Printed Name of Endowment Acct.	Date

_____	_____	_____
Financial Services Signature <small>(Required ONLY for transactions charged to fund numbers beginning with 8XXXXX - (except 832202)</small>	Printed Name of Financial Services Representative	Date

_____	_____	_____
Purchasing Reviewer Signature	Printed Name of Purchasing Reviewer	Date

- After review, sign and drop your packet off to: Purchasing Services
1604-B Lowery Street
P-Card Drop Box