Credit Card Reconciliation

	Date	Destination	Description purpose of receipt (lodging, dinner, parking, etc.)	Acct Code	$ Amount
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
			Grand total charged to credit card =		

*Please Note! This form must be completed in ink, with receipts attached. The user of the credit card must sign the form. This form and receipts must be turned in to Accounts Payable within 5 days of return or use of card.

I, the undersigned, do hereby attest under penalty, that the expenses listed in the foregoing are true and correct. I further attest that the expenses are appropriate as defined by South Whidbey School District policies.

Sign here: _____ Name/Title: _____

_____ _____

District Office Approval Signature Account Code: _____