



## SOUTH BEND COMMUNITY SCHOOL CORPORATION

### PURCHASE CARD RECONCILIATION

*Before the 10th of every month, all card holders/users must complete this reconciliation form and provide supporting documentation to the Finance Department for all charges made. Supporting documentation includes: detailed receipts, invoices, travel documents, travel approval forms, etc.*

Statement Period Covered: \_\_\_\_\_

Department: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_

Employee # \_\_\_\_\_

Date Received: \_\_\_\_\_

Purchase Date	Item Description	Price per Unit	QTY	Total Cost	Account # (to pay from)	Reason for Purchase
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
\$ -						

*By signing below, I attest that the charges contained herein are true and correct and allowable per SBCSC purchasing policies. I understand that gift cards can not be purchased without Board approval. I understand that gifts for employees must not be purchased with SBCSC funds. I attest that the credit card was not used to circumvent purchasing policies/approvals. I understand that a misuse of this card may result in personally being responsible for charges, and/or a loss of card privileges, and/or a corrective action up to and including termination.*

User Signature: \_\_\_\_\_

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