



## CREDIT CARD RECONCILIATION FORM

**PLEASE ATTACH ALL INVOICES AND RECEIPTS**

Date: \_\_\_\_\_ TOTAL AMOUNT CHARGED: \$ \_\_\_\_\_

Requested by: \_\_\_\_\_  
(Print Your Name)

Committee Chairperson approval/signature: \_\_\_\_\_

Charge to account as follows: \_\_\_\_\_

\_\_\_\_\_  
(For example: Hot lunch, X, X, X)

Comments: \_\_\_\_\_

### Transaction Details

Date	Amount Charged	Store/Vendor Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Treasurer Approval: \_\_\_\_\_ Date Reconciled: \_\_\_\_\_