Saint Mary's College
Procurement Card Reconciliation Sheet

Cardholder Name_____ Month/Yr _____

Department _____ Phone # _____

Campus Address _____

Total Charges for Month $ _____
(per Account Statement)

Total Receipts Attached $ _____

Difference* $ _____

* Represents difference between total receipts and total charges. List and explain below.

_____

_____

_____

_____

_____

_____

APPROVED

_____   _____
Department Head's Signature   Date

Staple all verification documents (receipts, etc…) to this form.
Completed Forms must be sent to Accounts Payable, Business Office by the 15th of each month.