



Name on Card:					
Card No. (last 4):		Dept. Name:			
Month:		Year:		Campus/Site:	

Cardholder/Coordinator Declaration:
 I, the undersigned cardholder or card coordinator, hereby certify that the following exceptions were discovered during the ongoing reconciliation process for above-referenced month and year. All exceptions are recorded below with reasons.

Exceptions (attach additional pages if needed):

Coordinator/Custodian of Dept. PCard		Individual Cardholder	
Signatures:	Print Name:	Signature:	Date:
Employee:			

Business Manager Declaration:
 I, the undersigned Business Manager, hereby certify that the following exceptions were discovered during the ongoing/final reconciliation process for above-referenced month and year. Additional information is included below. All unresolved exceptions that are not in compliance with PCard Manual procedures have been forwarded to the PCard Administrator.

Additional Information:

	Print Name:	Signature:	Date:
Business Manager:			

PCard Administrator Use:

	Print Name:	Signature:	Date:
Purchasing Director:			

Notes: