PimaCommunityCollege

PCard Transaction Log and Report

Name on Card	Department	Default FOAP	Last 4 #s of Acct	Month	Year

Order Date	Vendor/Merchant	Quantity/Description/Comments	Alternate FOAP	Use Tax Y/N	Total Cost	Post?/ Tran#	Date Received

Reconciliation:

I hereby certify that all of the above transactions comply with College policies and procedures and were posted correctly to the above referenced card account except as noted in the attached Final Reconciliation Exception Report.

Signature of: ☐ Cardholder or ☐ Card Coordinator _____ Date _____

Print Name _____ Dept. _____

I hereby certify that I have reviewed all of the above transactions and that to the best of my knowledge they comply with College policies and procedures, were posted correctly to the above referenced card account and have been assigned to the correct FOAPs. Any exceptions are included in the attached Final Reconciliation Exception Report.

Signature of Business Office Reconciler _____ Date _____

Print Name _____ Dept. _____

Authorizations:

I hereby certify that all of the above transactions have been authorized by me and, to the best of my knowledge, comply with College policies and procedures.

Signature of Administrator _____ Date _____

Print Name _____ Dept. _____

Notes: