

Stonehill College

PURCHASING CARD RECONCILIATION COVER SHEET

TO BE FILLED OUT BY CARDHOLDER

Cardholder Name (*Please print*)

Date

Billing Period

Total Expense Amount

Please find attached the monthly billing statement, along with all receipts supporting charges made in this period. All of the charges represent true and bon-fide expenses of Stonehill College. In the Works Payment Manager I have allocated all of the attached charges to the appropriate FOAPAL string within my area of responsibility. If the Org. is not within the area of my responsibility, I have informed my Budget Manager so allocation may be made by the appropriate area. I understand that submitting this report with non-college business expenses is grounds for disciplinary actions.

Cardholder Signature

TO BE FILLED OUT BY DEPARTMENT AND DIVISION HEADS

I have reviewed the attached transaction receipts; to the best of my belief all of the attached transactions are bona-fide charges of Stonehill College.

Budget Approver Signature

Date

Vice President Signature

Date

Attach this form to receipts and monthly statement printed form Works Payment Manager and submit to:

**Controller's Office
Merkert Tracy Hall/Rm. 164**