



**PROCUREMENT
SERVICES**

P-Card Monthly Reconciliation Form

Department Name: _____

Cardholder's Name: _____

Cardholder's Employee ID#: _____

Reconciliation Month: _____

By signing this form, I attest that I have reviewed the P-Card transactions and receipts for this month. These transactions are attached to this OMNI Financials PSForm in the P-Card Recon query Excel file .

(The P-Card Recon query is named FSU_CTRL_AP_PCARD_RECON in OMNI Financials. The query shows all of the P-Card transactions for a given cardholder, and gives access to their receipts.)

I affirm that I have reviewed and approved the P-Card transactions for the month and year entered in this form. I affirm the transactions as complying with all of FSU's procurement policies and I attest to the validity of the transactions.

Print Name

Signature

Date

Proxy:

Cardholder:

Cardholder's Supervisor, Dean/Director/Department Head or Authorized Signer:
