



Purchasing & Logistics

P-CARD TRANSACTION RECONCILIATION FORM

*Form should only be used when a receipt for transaction(s) cannot be obtained.

DEPARTMENT OF PUBLIC SAFETY

DIVISION/FACILITY _____

CARDHOLDER: _____ CARD(last four) _____

VENDOR: _____ DATE OF TXN: _____

DESCRIPTION: _____

QUANTITY(s): _____ DEBIT AMOUNT: _____ CREDIT AMOUNT: _____

TYPE: FRAUD ___ VENDOR ERROR ___ LOST ___ MISUSE ___ OTHER: _____

Explain in detail how the transaction(s) occurred:

Explain in detail the resolution or corrective action:

Cardholder Signature

Date

Authorized Supervisor/Manager Signature

Date

**Attach Affidavit of Fraud if applicable*

This form should be kept with P-Card Statement