



Vassar College

P-Card Expenses Reconciliation Form

Date _____

Name of Cardholder: _____

Billing cycle end date: _____

Account Number _____

Cardholder's phone number _____

Cardholder's email _____

Please list all P-card expenses below:

*All expenses listed below must be in the same billing cycle.

Date	Vendor	Description of Transaction	Purpose of Purchase	Budget Number	Amount
Total Expenses					\$0.00

Cardholder Name (printed)	Cardholder Signature
P-Card Approver Name (printed)	P-Card Approver Signature