FB-034

Sumter County School Board
Purchasing Card Reconciliation

_____ **Cost Center** _____ **Name on Card**

_____ **Date** _____ **Signature**

_____ **Approval**

Transaction Number	Date of Purchase	Vendor	Amount	Account Strip

Please attach invoices to this form and return to the Finance Department within two business days of the transaction.
You will need to keep the second copy (yellow) for your monthly reconciliation of the purchasing card.

White Copy to Finance Department
Yellow Copy for Purchasing Card User