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

DEPARTMENT OF ADMINISTRATION

DIVISION:_____

TRANSACTION RECONCILIATION FORM

CARDHOLDER:_____ CARD#(last four)_____

MERCHANT:_____ DATE OF TXN:_____

QUANITITY(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:

Has issue been resolved?_____ If not, form should be forwarded to the Division PCard Administrator for resolution with assistance from the Department PCard Administrator.

_____ _____
Cardholder Signature Date

_____ _____
Authorized Supervisor/Manager Signature Date

***Submit to Reconciler and keep a copy on file**

Revised 04/29/2011