Save As Reset

AUBURN UNIVERSITY
Purchasing Card Reconciliation Form

FOR BUSINESS OFFICE USE ONLY:

Voucher Number: _____

Date Processed: _____

Department Name: _____
Disputed Claim Total: _____
Number of Disputed Claim Forms Attached: _____

(Attach original receipts/invoices)

DEBIT ACCOUNT		SUB-CODE	TC	DESCRIPTION	AMOUNT	CREDIT ACCOUNT		SUB-CODE
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
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			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
				TOTAL	0.00			

RECON NOTES:

PREPARED BY _____ DATE _____

BUSINESS OFFICE NOTES:

APPROVED BY DEPARTMENT _____ APPROVED BY DEAN _____

BO 99-15 (Rev 11/99)

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			064			0	19145	1700
				TOTAL	0.00			

RECON NOTES:

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			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
				TOTAL	0.00			

RECON NOTES:

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