Delton Kellogg Schools
Purchasing Card Reconciliation Form

Any receipts not previously turned in must be attached

Staff Member: _____

Card Number Used(Last 4 Digits):_____

PURCHASES

Date*	Vendor	Description/Purpose	Amount	ASN #
		Total of Amount of Purchases	**$ -**	

Summary By ASN #:	ASN _____ $ _____	ASN _____ $ _____
	ASN _____ $ _____	ASN _____ $ _____
	ASN _____ $ _____	ASN _____ $ _____

***Cut Off Date is the 26th of Each Month**

Employee Signature _____ Supervisor Signature _____

Instructions: Record purchases as they are made throughout the month up to the 26th. When you receive your purchasing account statement (around the 30th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the **Business Office by the 8th of the following month.**