

Commodity Purchasing Card Reconciliation

MM/ DD/ YYYY

**Cardholder's
Name:**

**Cardholder's
Employee ID:**

First

Last

(Last Five Digits)

Please attach the following:

- 1) Monthly P Card Reconciliation Form listing all transactions for the cardholder
- 2) P Card Receipts corresponding to Reconciliation Form

Please ensure that only the last four digits of the credit card number are visible on each receipt.

Fax all documents to the P-Card Rightfax number 645-7211

For help on filling out this form, please refer to the P-Card Right Fax Job Aid found at:

<http://www.purchasing.fsu.edu/CardInfo/P-CardRightfax.pdf>



Note: Proxies are not required to fax the Coversheet and Reconciliation Form for cardholders that have no charges for the month. However, the Reconciliation Form should still be filed with their department records.