Bank of America Credit Card Reconciliation

Name

Statement date

Cost Center

Page

Of

Post Date	Vendor Name	Description and Business Purpose	Travel				Other		
			Transportation	Lodging	Meals	Entertainment	Amount	Cost Center	Account #
		TOTALS	0.00	0.00	0.00	0.00	0.00		
		Charge Total To Account:	52000	52000	52000	52200	Other		

Employee Signature _____ **Date** _____ **Total All Columns** 0.00

Supervisors Signature _____ **Date** _____

Financial Affairs _____ **Date** _____