

The Protestant Separate School Board of the Town of Penetanguishene

Corporate Credit Card Statement Reconciliation

To be Completed by Cardholder

Cardholder's Name:	
Cardholder's Signature:	
Credit Card #:	
Statement Date:	

Date M/D/Y	Vendor	Description of Item	Budget Account	Total	HST	Total minus HST

AUTHORIZED BY:	
Print Name:	Signature:
Title:	Date:

- Attach all receipts.
- Telephone purchases should include confirmation number.