



# Purchase Card Reconciler Application

## Applicant Information

Name: \_\_\_\_\_  
First Middle Initial Last

Job Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Banner ID Number

Department Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Cardholder Information

1. Cardholder: \_\_\_\_\_ P-Card: \_\_\_\_\_  
Last 4 Digits of P-Card

Index 1: \_\_\_\_\_ Index 2: \_\_\_\_\_ Index 3: \_\_\_\_\_

2. Cardholder: \_\_\_\_\_ P-Card: \_\_\_\_\_  
Last 4 Digits of P-Card

Index 1: \_\_\_\_\_ Index 2: \_\_\_\_\_ Index 3: \_\_\_\_\_

3. Cardholder: \_\_\_\_\_ P-Card: \_\_\_\_\_  
Last 4 Digits of P-Card

Index 1: \_\_\_\_\_ Index 2: \_\_\_\_\_ Index 3: \_\_\_\_\_

4. Cardholder: \_\_\_\_\_ P-Card: \_\_\_\_\_  
Last 4 Digits of P-Card

Index 1: \_\_\_\_\_ Index 2: \_\_\_\_\_ Index 3: \_\_\_\_\_

## Signatures

I hereby designate the above named employee as Reconciler for the Cardholder(s) named above.

I hereby agree to serve as Reconciler for the card account(s) assigned to me. I will monitor the account transactions for misuse, abuse, tax paid in error, and report any suspected fraudulent activity for further UDC investigation.

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Reconciler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Department Head

\_\_\_\_\_  
Print Name of Reconciler