RESET FORM

AUBURN UNIVERSITY
Purchasing Card Reconciliation Form

FOR BUSINESS OFFICE USE ONLY:

Voucher Number: _____

Date Processed: _____

Department Name: _____

Disputed Claim Total: _____

Number of Disputed Claim Forms Attached: _____

(Attach original receipts/invoices)

You may type over the default Credit Account and Subcode fields.

DEBIT ACCOUNT		SUB-CODE	TC	DESCRIPTION	AMOUNT	CREDIT ACCOUNT		SUB-CODE
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
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			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
			064			0	19145	1700
				TOTAL	0.00			

RECON NOTES:

_____ PREPARED BY

_____ DATE

BUSINESS OFFICE NOTES:

_____ APPROVED BY DEPARTMENT

_____ APPROVED BY DEAN

After completion and approvals, send completed form to Procurement and Payment Services, 311 Ingram Hall.

BO 99-15 (Rev 6/05)