STUDENT ORGANIZATION DEBIT CARD RECONCILIATION

ORGANIZATION NAME: ________________________________ PERIOD: / / to / /

ACCOUNT No.: 20____ ____-____ ____ ____ CARD No.: **** **** **** ____ ____ ____

INVENTORY CONTROL No.: __________________________ - __________________________

REIMBURSEMENTS DEPOSITED TO ORGANIZATION

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>DEPOSIT No.</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Reimbursed to SOFO Account $__________

ACTIVITY SUMMARY

Load Balance: $__________
Balance as of ______: -__________
Completed Reconciliations: -__________ (Pending reload request)
Pending transactions: -__________
Total Expenditures:* $__________

DOCUMENTATION TOTALS

Authorized receipts: $__________
Reimbursements deposited: +__________
Reconciliation Subtotal:* $__________
*Total Expenditures must equal the Reconciliation Subtotal for the reconciliation to succeed.

DEBIT CARD RELOAD

Reconciliation Subtotal (from Documentation Totals above): $__________
Total prior Reconciliation Subtotals pending reload: +__________
Debit Card Reload Amount: $__________

By my signature, I attest to the accuracy and the integrity of the attached reconciled debit card transaction history - that it includes full documentation, approval and support for all the debit card transactions listed therein, entered into by the student organization that I represent. I understand that all undocumented and/or unauthorized items must be resolved and documented to complete this reconciliation. All reimbursements detailed above, if any, have been tendered to, and deposited to the organization through the Norris Cashier’s Office.

TREASURER: ________________________________ DATE: ______________
CASH SERVICES ASSISTANT: ________________________________ DATE: ______________