

**STUDENT ORGANIZATION DEBIT CARD
RECONCILIATION**

ORGANIZATION NAME: _____ RECONCILIATION PERIOD: ____ / ____ / ____ to ____ / ____ / ____

ACCOUNT No.: 20 _____ - _____ CARD No.: **** * 0000 0000 _____

INVENTORY CONTROL No.: _____ - _____

REIMBURSEMENTS DEPOSITED TO ORGANIZATION

DATE	DESCRIPTION	DEPOSIT No.	AMOUNT
			\$
	Total Reimbursed to SOFO Account		\$

ACTIVITY SUMMARY

Load Balance: \$ _____
Balance as of ____: - _____
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: _____