



DEBIT CARD RECONCILIATION

Purpose of Expenditure	
Payee Name	

Description of Expenditures

Description	Date	Amount
		\$
		\$
		\$
TOTAL		\$

Person Who Used the Debit Card	
Date:	Signature:
Authorization by President or appropriate Committee Chair	
Date:	Signature:

All debit card reconciliations must be submitted within 10 days of the event or transaction. Please attach documentation (invoice/receipt) for each expenditure and send to the SACRAO Treasurer within 30 days of the expense(s).

Kim Taylor, President University Registrar University of Kentucky (859)323-7311 kim.taylor@uky.edu	Jessica Brock, Treasurer Director of Admissions Arkansas Tech University (479)968-0343 sacraotreasurer@gmail.com
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Treasurer		
Date:		Signature: