



### DEBIT CARD RECONCILIATION

<b>Purpose of Expenditure</b>	
<b>Payee Name</b>	

**Description of Expenditures**

Description	Date	Amount
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>

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).

Sofia Almeda Montes, President University Registrar University of Texas - Rio Grande Valley (956) 665-3650 president@sacrao.org	Chad Cox, Treasurer Senior Associate Director for Transfer Central University of Arkansas (479) 422-1307 treasurer@sacrao.org
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Treasurer		
Date:		Signature: