

Mastercard Business Card Reconciliation Form

To: All MasterCard Business Card holders

Please include MasterCard receipt and store receipt. Please complete and forward to the Finance Department with the **ORIGINAL copies of ALL invoices attached**. Enter cost codes, purpose of expenditure and transaction amounts (which includes all taxes and freight) below:

Account / GL Number				Purpose of expenditure	Amount
Total					

STATEMENT OF CLAIM

I hereby certify that all purchases stated on the attached statement were for goods and/or services for Selkirk College expenses **ONLY**.

YOUR NAME (CARDHOLDER)

YOUR SIGNATURE (CARDHOLDER)

APPROVING MANAGER SIGNATURE