

Mastercard Business Card Reconciliation Form

To: All MasterCard Business Card holders

Please include MasterCard receipt and store receipt. Please complete form with the **ORIGINAL copies of ALL invoices attached**. Enter cost codes, purpose of expenditure and transaction amounts (which includes all taxes and freight) below. **Forward complete package to eepayables@selkirk.ca**

Work Order XX-XXX-XXX	Account XXXX	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**.

PRINT NAME (CARDHOLDER)

CARDHOLDER SIGNATURE

PRINT NAME (MANAGER)

APPROVING MANAGER SIGNATURE