

**PURCHASE CARD QUARTERLY RECONCILIATION FORM**

Instructions: This form is for **Purchase Card Transactions ONLY**. Please list each transaction **CHRONOLOGICALLY**. **ORIGINAL RECEIPTS AND INVOICES** pertaining to this quarterly report must be attached (please paste them onto an 8 1/2 X11 sheet of paper and attach to this form). If there were no transactions in the quarter, write "NONE." **BOTH the Treasurer and 2nd Signatory MUST sign this form.**

NC NAME: _____				Last 4 digits of P-Card Account #: _____		
TREASURER NAME: (PRINT)		TREASURER E-MAIL	TREASURER PHONE NUMBER	Quarter Ending:		Fiscal Year:
				<input type="checkbox"/> Sept. <input type="checkbox"/> Dec. <input type="checkbox"/> March <input type="checkbox"/> June		
Date Of Purchase	VENDOR NAME	ITEM DESCRIPTION	BUDGET LINE ITEM	BUDGET CODE	TRANSACTION NUMBER	TOTAL
<b>TOTAL PURCHASES THIS QUARTER</b>						<b>\$0.00</b>

<p>I, the TREASURER affirm that the items listed above were approved by the governing board of the above listed Neighborhood Council and comply with all policies and procedures set forth by the Department of Neighborhood Empowerment. I further affirm that all appropriate documentation is attached verifying the materials purchased, nature of the service(s); including identification of the company or vendor, the total cost and the original receipt(s).</p>	<p>I, designated second signatory, affirm that I have verified the above listed items/services and that they were approved by the governing board of the above named Neighborhood Council. The items listed above are for express purpose of furthering the Neighborhood Council's representation within its community and are in compliance with the policies and procedures fet forth by the Department of Neighborhood Empowerment.</p>
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Neighborhood Council Treasurer	DATE	NC Designated 2nd Signatory (Board Member)	DATE
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