

Corporate Credit Card Reconciliation Form

Employee Name

Employee ID

Department

Statement Period MM/DD/YYYY - MM/DD/YYYY

Card Number (Last 4 Digits)

Date	Vendor/Description	Amount (USD)	GL Code	Business Purpose	Receipt Attached
MM/DD/YY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>
MM/DD/YY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>
MM/DD/YY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>
Total		<input type="text"/>			

Card Statement Total (USD)

Explain Any Differences

Employee Signature

Date MM/DD/YYYY

Manager's Review/Signature

Date MM/DD/YYYY

Important Notes:

- Attach all original receipts for each transaction listed on this form.
- Ensure all expenses have a clear and valid business purpose.
- Report any lost receipts or discrepancies immediately to the Finance Department.
- Timely submission of this form is required for compliance with company policies.
- Manager's review and signature are mandatory for approval.