Credit Card Reconciliation Form

Name _____ **Centre** _____

Last 4 digits of account number _____ **Due** _____

Date	Item Charged	Reason / Purpose	Amount
		Subtotal A	

Date	Credits (deductions)	Reason / Purpose	Amount
		Subtotal B:	
		Total – Subtotal A minus Subtotal B:	

Total must equal “Amount Due” on credit card statement. Sign this form and attach the credit card statement.

Signature _____ **Authorisation** _____

Date _____ **Date** _____