

Marshall University Research Corporation

Purchase Card Reconciliation Form

Rebecca Hill, P-card Coordinator (304)696-3792

BILLING CYCLE (MONTH/YEAR)			
CARDHOLDER NAME			
LAST 4 DIGITS OF CARD		BALANCE PER COST ALLOCATION DETAIL REPORT (CADR)	\$

Comments/Identification of any disputed charges below:

Cardholder Signature

Date

Internal Use Only

Date Approved: ____/____/____

Approved By: _____