Bank of America P-Card Monthly Reconciliation Summary

Non-travel related expenses

Sponsored Funds Administration, Bio Tech Bldg.
Phone: (607) 777-6752 Fax: (607) 777-4354

Card Holder Name: _____________________________________ Department: ______________________________

Billing Period, Month/Year: __________________________

Monthly reconciliation MUST be done by 25th of each month. Original receipts must be attached to this reconciliation. All purchases are subject to audit and must comply with the guidelines governing the program. The PI and or P-card holder is responsible as a result of unallowable purchase, disallowance, misuse, fraud or cost not covered by RF or sponsor.

I certify to the best of my knowledge that all these goods & services are necessary and exclusive for these projects, do not duplicate any existing goods or services, are to be used for scientific research and programmatic purposes for this project(s) only and will not be used for personal benefit. I have reviewed and reconciled the monthly invoice and attached the appropriate documentation for all transactions that were incurred.

P-Card holder certification/signature: ___________________________________________ Date: _________________

By signing this form, I certify that I reviewed and have approved all purchases related to this reconciliation summary.

Project director certification/signature: ________________________________ Date: _________________

Fiscal approval signature: ___________________________________________ Date: _________________

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<th>Date</th>
<th>Supplier</th>
<th>Award/Project/Task</th>
<th>Purpose</th>
<th>Amount</th>
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