



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 25^h 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: _____

Date	Supplier	Award/Project/Task	Purpose	Amount

