



**Bank of America P-Card Monthly Reconciliation Summary**  
***Travel related expenses***

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Award/Project/Task: \_\_\_\_\_ Destination: \_\_\_\_\_

Monthly reconciliation **MUST** be done by 25<sup>th</sup> 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.

Travel purpose: \_\_\_\_\_

Traveler relationship to project: \_\_\_\_\_

Departure date and time: \_\_\_\_\_ Return date and time: \_\_\_\_\_

Registration amount: \$ \_\_\_\_\_ Attach conference announcement

Lodging amount: \$ \_\_\_\_\_ If exceed GSA per diem, please explain \_\_\_\_\_

Airfare: \$ \_\_\_\_\_ Parking: \$ \_\_\_\_\_

Car Rental: \$ \_\_\_\_\_ Provide car rental justification: \_\_\_\_\_

Taxi: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_ Please explain what other is \_\_\_\_\_

*I certify that the above trip was taken for the purpose indicated; that the above reconciliation is accurate; that no portion has been paid, except as stated on this form and that the expenses indicated are accurate and allocable to the award/project/task indicated in accordance with Research Foundation Travel Policy.*

Traveler signature/certification: \_\_\_\_\_ Date: \_\_\_\_\_

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

Project director certification/signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accounts Payable Director: \_\_\_\_\_ Expenditure Type \_\_\_\_\_ Date \_\_\_\_\_

Fiscal approval: \_\_\_\_\_ Date: \_\_\_\_\_