Bank of America P-Card Monthly Reconciliation Summary

Travel related expenses

Name: ____________________________________________ Department: ____________________________________________

Award/Project/Task: ___________________________ Destination: ____________________________________________

Monthly reconciliation **MUST** be done by 25\(^{th}\) 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: ____________________________