



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

Name: _____ Department: _____

Award/Project/Task: _____ Destination: _____

Monthly reconciliation **MUST** be done within 30 days receipt of monthly statement. 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: _____