Credit Card Reconciliation Form

White Form
Updated 4/2010

Organization: _____

Credit Card Company to be paid: _____

Your name:_____ Last 4 digits of acct. no.:_____ Due Date:_____

Summarize all charges to the same account number, and then transfer the total into the following table.

Summarized Charges/Optional Descriptions:	Charge to Account:	Amount:
Subtotal A:		$0.00
Credits (deductions)	**Credit to Account:**	**Amount:**
Subtotal B:		$0.00
Total = Subtotal A minus Subtotal B:		$0.00

Total must equal “Amount Due” on credit card statement.
Sign this form and attach the credit card statement.

_____ _____

Staff signature Authorization (if required)

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