Debit Card Reconciliation Form

Green Form

Updated 4/2010

Organization: _____

Please attach the receipts for each transaction to the back of this form.

Vendor Name:	Date of Transaction:	Charge to Account # :	Amount of Transaction:
Credits to Bank Account:			
Vendor Name:	**Date of Transaction:**	**Credit to Account # :**	**Amount:**

_____ _____

Staff signature Authorization (if required)

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