



MATHIS INDEPENDENT SCHOOL DISTRICT

P-CARD RECONCILIATION FORM

Employee Name		Purpose of Travel	
Dates of Travel (from/To):	to	Destination (City/State):	

In the table below, list all the charges placed on the P-Card and submit to the Business Office within one (1) business day after returning from the event along with all supporting documentation (receipts).

Allotted Amount:		
Transaction Date:	Vendor:	Total:
TOTAL AMOUNT CHARGED TO P-CARD:		
TAXES CHARGED (TO BE PAID BY EMPLOYEE)		

Purpose of the Trip: _____

Benefits Derived from Trip (If additional space is needed, attach a memo:

I understand that I am responsible for reimbursing the district for any taxes charged to the P-Card to the school district's Business Office one (1) days after returning from the activity state above.

Traveling Employees signature is acknowledgement that all funds are expended on school business approved above.

Employee Signature: _____ Date: _____

Administrator/Principal/Supervisor Signature: _____ Date: _____

Finance Officer Signature: _____ Date: _____