

Transaction Summary and Reconciliation Sheet

Fulton County WEX Card

Department: _____

Cardholder's Name: _____ Card Account #: _____
(last 6 digits)

Transaction Summary for Month: _____

Cardholder's Signature & Date: _____

Printed Name (Reallocator)

Reallocator Signature & Date: _____

Printed Name (Approver)

Approver Signature & Date: _____

Transaction

Total

	Date	Vendor	Description/Business Purpose	Received	Reallocated	Reconciled	Purchase Amount
1							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
8							\$
9							\$
10							\$
11							\$
12							\$
13							\$
14							\$
15							\$
16							\$
17							\$
18							\$
19							\$
20							\$

Reconciliation and approval must be completed and signed by the 15th of the month following receipt of statement.

Ending Balance: \$ 0.00

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Transaction				Total		
	Date	Vendor	Description/Business Purpose	Received	Reallocated	Purchase Amount
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						

Ending Balance:

\$ 0.00

Reconciliation and approval must be completed and signed by the 15th of the month following receipt of statement.

Completed reconciliation's and supporting documentation shall be retained in the cardholder's department for at least three (3) years.

Reconciliation and supporting documentation must be made available on demand to the departments of Internal Audit, Purchasing, or Controller's Office for review if deemed necessary by these departments.

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	Transaction Date	Vendor	Description/Business Purpose	Received	Reallocated	Reconciled	Total Purchase Amount
46							\$
47							\$
48							\$
49							\$
50							\$
51							\$
52							\$
53							\$
54							\$
55							\$
56							\$
57							\$
58							\$
59							\$
60							\$
61							\$
62							\$
63							\$
64							\$
65							\$
66							\$
67							\$
68							\$ 0.00
							\$
							\$

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