

MU Purchase Card Reconciliation and Business Justification

Cardholder Name _____

Vendor Name _____

Date of Purchase _____

TAR# if Travel (Required) _____

Dates of Travel (Required) From: _____ To: _____

Rental Vehicle (Y/N) Yes ____ No ____

State Vehicle (Y/N) Yes ____ No ____ If yes, State Vehicle ID# _____

Signature (Required) _____

Fund	Org	Account Code	Amount

Business Justification for Purchase

Comments

****PLEASE SCAN AND INCLUDE THIS SIGNED FORM WITH EACH RECONCILIATION IN wvOASIS****