

SEAL CREDIT CARD RECONCILIATION REPORT

THIS REPORT MUST BE TURNED IN MONTHLY WITH A STATEMENT PRINTOUT AND ORIGINAL RECEIPTS

NAME: _____

STATEMENT DATE: _____

DATE	TRANSACTION LOCATION	AMOUNT	TRANSACTION DESCRIPTION/COMMENTS	WORK ORDER
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TOTAL OWED TO SEAL

SIGNATURE

MANAGEMENT APPROVAL - FOR OFFICE USE ONLY

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IT IS THE RESPONSIBILITY OF THE CREDIT CARD HOLDER TO KEEP ORIGINAL RECEIPTS UNTIL THEY ARE SUBMITTED TO ADMIN.
FAILURE TO TURN IN RECEIPTS MAY RESULT IN THE AMOUNT OF THE TRANSACTION BEING DEDUCTED FROM THE EMPLOYEE'S PAYCHECK.