



WSSU

T-Card Monthly Sign-Off Sheet

Last 4 digits of credit card number: xxxx-xxxx-xxxx- Statement Date: _____

Complete your Statement Reconciliation Packet in this Order

- T-Card Monthly Sign-Off Sheet (this page)
- Bank of America statement (print from Payment Center website: www.baml.com/paymentcenter)
- Works statement – (print from Works website: <https://payment2.works.com/works>)
- Travel Advance-Prepayment Form**
- Original receipts – (receipts must be in order as they appear on the Bank of America statement)
- Agenda of Conference/Meeting/Event
- Missing Receipt Affidavit – (if applicable)
- Transaction Dispute Form – (if applicable)

Signatures: Cardholder, Reconciler, and Supervisor/Department Head signatures are required. If you are the cardholder and reconciler you must sign in both places and date it.

The Cardholder and the Supervisor/Department Head cannot be the same person. Three different signatures are required unless Purchasing has approved the Cardholder and Reconciler to be the same person.

By signing below, I certify that I have reviewed and approve all charges as in compliance with the rules and regulations set forth in the “T-Card Guidelines”, “Employee T-Card Agreement”, and Statement and On-Line Reconciliation User Guides.

_____ Ext _____ Cardholder Signature	_____ Printed Name of Cardholder	_____ Date
_____ Ext _____ Reconciler Signature	_____ Printed Name of Reconciler	_____ Date
_____ Ext _____ Supervisor/Department Head Signature	_____ Printed Name of Supervisor/Depart. Head	_____ Date
_____ Travel Reviewer Signature	_____ Printed Name of Travel Reviewer	_____ Date
_____ Purchasing Reviewer Signature	_____ Printed Name of Purchasing Reviewer	_____ Date

- After review, sign and forward your packet to: Willa Dean Scott, room 116 or Paschelle Mitchell-Palmer, room 118
1604-B Lowery Street