



WSSU

Cardholder/Reconciler Data Sheet

CARDHOLDER INFORMATION

Name on P-Card Account _____

Banner ID# _____ E-mail Address _____

Telephone # _____ Last 4 digits of Social Security Number _____

Department _____ Building & Room# _____

Date _____ Signature of Cardholder _____

RECONCILER INFORMATION

Reconciler Name _____

Banner ID# _____ E-mail Address _____

Telephone # _____ Last 4 digits of Social Security Number _____

Department _____ Building & Room# _____

Date _____ Signature of Reconciler _____

DEPARTMENT HEAD INFORMATION

Department Head Name _____

Do you have an authorized person that can sign and approve P-Card statement reconciliation packets and documents in your absence _____

If yes, please give name of authorized person _____

Date _____ Signature of Department Head _____