Operations Department

Monthly Credit Card Reconciliation Verification Form

Month		Beginning Date		Ending Date	
Department		**Monthly Total**		**$**	

Submission of this form serves as verification that all attached Operations Department employee credit card statements and receipts have been reconciled. These documents have been reviewed and approved by Operations Department Senior Management.

Administrative Assistant or Reconciliation Report Preparer	*Date of Review/Approval*
Operations Department Manager	*Date of Review/Approval*
Norm Brumblay, Chief Operations Officer	*Date of Review/Approval*

Comments: