



Pre-Paid Card Reconciliation

Date: [Click here to enter text.](#)

Submitted by: [Click here to enter text.](#) Contact Phone Number: [Click here to enter text.](#)

Team Name: [Click here to enter text.](#)

Card #: [Click here to enter text.](#)

Original Amount: _____

Expenses (Receipts must be attached)

Vendor	Description	Amount
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
	Total:	

Coach Approval:	
AD Approval:	

For office use only:

Card # _____ Original Amount: _____

Remaining Balance: _____

Card Returned: Y/N Date: _____

Initials: _____