Company Logo (200×50)

Credit Card Reconciliation & Expense Report

Itemized credit card statement and expense report

Please attach receipts for reimbursable items. Use one form per card per month if possible.

EMPLOYEE/SUBMITTER NAME	DEPARTMENT	COMPANY
CARD NAME (NETWORK/BANK)	**CARD LAST 4**	**PREPARED DATE**
		mm/dd/yyyy
REPORTING PERIOD FROM	**REPORTING PERIOD TO**	**APPROVER NAME**
mm/dd/yyyy	mm/dd/yyyy	

Date	Merchant/Payee	Description	Category	Project/Client	Amount	Tax	R?	Rec?	Receipt Ref / File Name
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	
DD/MM					0.00	0.00	☐	☐	

Subtotal	
Total Tax	
Total Reimbursable	
GRAND TOTAL	

RECONCILIATION

Statement Total	
Transactions Total	
Difference	

NOTES & COMMENTS

APPROVER SIGNATURE

DATE SIGNED mm/dd/yyyy

DISCLAIMER
“For personal tracking only. Not financial advice.”
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