



STORED VALUE DEBIT CARD RECONCILIATION

*Name: _____ Date: _____

*Address _____ *G Number: _____

***Required Fields**

*Department Name, Bldg & Room # (not program): _____

*Department Contact Information (Office Coordinator name and phone number): _____

* Are you finished with this card? Yes No If yes, please return card to Kim Suber with this form.

Expense Details (Must document business purpose, who, what, where, when-attach additional sheet if necessary)

Beginning Card Balance \$

Monthly Activity-attach original receipts (include cash withdrawals) \$

Remaining Balance \$

Please charge the following FOAP(s) for the **Monthly Activity** listed above:

Description	Fund (6)	Org (5)	Account (4)	Program (3)	Amount
					0.00
					0.00
					0.00
					0.00
					0.00

Total Monthly Activity

Cash Advance Reconciliation	
Total Cash Withdrawn	\$ <input type="text" value="0.00"/>
Total Spent	\$ <input type="text" value="0.00"/>
Balance due - Make check payable to Grand Valley State University	\$ <input type="text" value="0.00"/>

I certify that the within statement of account is correct, and in accordance with the policy and instructions of the university: that the amount charged for expenses was actually expended, was reasonable and necessary, and was incurred in the conduct of university business, and that the above FOAP or any part of it, has not heretofore been allowed or paid.

Approved, Head of Unit or Authorized Agent, **Signature and Date**

Claimant Signature

Approved, Head of Unit or Authorized Agent, **Printed Name**

Executive Officer Signature and Date, if Required