 Front and Centre Productions, Inc.

105 Elizabeth Street

Osceola Mills, PA 16666

(814) 343-1812

[www.frontandcentre.org](http://www.frontandcentre.org)

[facproductions@frontandcentre.org](mailto:facproductions@frontandcentre.org)

PURCHASING CARD RECONCILIATION FORM

|  |  |
| --- | --- |
| Last 4 digits of card number |  |
| Cardholder Name |  |
| Purchase Date |  |
| Vendor Name |  |
| Vendor Address |  |
| Vendor Phone Number |  |
| Total Amount Charged |  |
| Description/Purpose for Purchase  *(Receipt MUST be attached)* |  |

*\*\* Failure to submit this form with all required receipts within 30 days of purchase will hold cardholder liable for all purchases made with Front and Centre Productions, Inc. Purchasing Card.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Cardholder Signature Approver Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Cardholder Name Print Approver Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date Date*