

	Date	Vendor	Amount	Index	Account	Location	Purpose/Purchase Description
1							
2							
3							
4							
5							
6							
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11							
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28							
29							
30							

TOTAL \$0.00 *This amount must equal the US Bank statement amount.*

Card Name: \_\_\_\_\_ Card Custodian: \_\_\_\_\_

Designated Reconciler: \_\_\_\_\_

Card Budget Authority: \_\_\_\_\_

Other Index Budget Authority
