Credit Card Reconciliation Form

White Form

Updated 9/21

Organization: _____

Credit Card Company to be paid: _____

Your name:_____ Last 4 digits of acct. no.:_____ Due Date:_____

Date:	Charges/Optional Descriptions:	Amounts:	Summary:	Charge to Account:
			$0.00	
			$0.00	
			$0.00	
			$0.00	
	Subtotal A:	$0.00	$0.00	
Credits (deductions):		**Amount:** enter negative #	**Summary:**	**Credit to Account:**
	Subtotal B:		$0.00	
	Page 1 Total = Subtotal A minus Subtotal B:		$0.00	
	Page 2 Total		$0.00	
	Page 3 Total		$0.00	
	Total Page 1, 2, & 3		$0.00	

Total should balance to credit card statement.

Sign this form and attach the credit card statement.

_____ Staff signature

_____ Authorization (if required)

Phone | 816.382.3050 **Web** | GoodFaithAccounting.com

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Date:	Charges/Optional Descriptions:	Amounts:	Summary:	Charge to Account:
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Subtotal A:		$0.00	$0.00	
Credits (deductions):		**Amount:** enter negative #	**Summary:**	**Credit to Account:**
Subtotal B:			$0.00	
Page 2 Total = Subtotal A minus Subtotal B:			$0.00	

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Credits (deductions):		**Amount:** enter negative #	**Summary:**	**Credit to Account:**
	Subtotal B:		$0.00	
	Page 3 Total = Subtotal A minus Subtotal B:		$0.00	

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