

By signing this memo I am certifying that as the Fleet Card Department Manager the attached receipts and transaction detail report for the Fleet Card accounts in the department/area of

have, been reviewed and reconciled with the appropriate supporting documentation. All monthly fueling activity has been found to be accurate, allowable and within the policies and procedures of the Voyager Fleet Card for permissible fuel purchases.

Fleet Card Statement: _____mm/yyyy

Department Manager's Name (print)

Department Manager's Signature & Date

Instructions:

- Attach this form to your printed transaction by vehicle report and include original receipts which should be attached to plain 8 ½ x 11 paper.
- Forward completed reconciliation to Francoise Crespo, Transportation Office, Briarcliff Manor.

Purchasing and Contracts Use Only:

Audited by and Date: _____

If you have any questions, contact the Purchasing office at Ext. 22642 or email businesscard@pace.edu