APPALACHIAN STATE UNIVERSITY P-CARD SYSTEM - RECONCILER APPLICATION

RECONCILER REQUIREMENTS: Reconcilers review the cardholder's *ONLINE* data via the bank software (WORKS®), verify the correct FOAP allocation, confirm an itemized, priced receipt is present and sign off on the transactions as authorized. **Additional information on the reconciler duties and the process is available at** https://materials.appstate.edu/p-card-program . All Reconcilers must submit a Banner Security Access Request thru the ITS department and be authorized for the Fund, Org and Program used in WORKS. The Banner Security Access form is available at http://its.appstate.edu/forms . ***Reconcilers must NOT report directly to the cardholder. If this situation would exist in your unit, please contact your Division Office to request they designate someone to countersign the statement.   If questions, call the P-Card Office at 828-262-2082.***

RETURN COMPLETED FORM TO: P-Card Office; Business Affairs Annex; 1039 State Farm Road

RECONCILERS: Please print in black ink.

Name (Last/First/M): _____ Banner ID #: 9__ ___ ___ ___ ___ ___ ___ ___ Campus Phone: (828) _____

Department: _____ Job Title: _____ ASU Box #: _____

Building & Room #: _____ City/State/Zip: **Boone**, NC _____ E-mail Address: _____

CARDHOLDER LIST (List those cardholders for whom the Reconciler will be responsible):

CARDHOLDER NAME	*LAST 4 DIGITS*	*CARDHOLDER NAME*	*LAST 4 DIGITS*
_____ (Last/ First/ Middle)	__ __ __ __ (4 Digits)	_____ (Last/ First/ Middle)	__ __ __ __ (4 Digits)
CARDHOLDER NAME	*LAST 4 DIGITS*	*CARDHOLDER NAME*	*LAST 4 DIGITS*
_____ (Last/ First/ Middle)	__ __ __ __ (4 Digits)	_____ (Last/ First/ Middle)	__ __ __ __ (4 Digits)
CARDHOLDER NAME	*LAST 4 DIGITS*	*CARDHOLDER NAME*	*LAST 4 DIGITS*
_____ (Last/ First/ Middle)	__ __ __ __ (4 Digits)	_____ (Last/ First/ Middle)	__ __ __ __ (4 Digits)

LIST OF FUND/ORG NUMBERS NEEDED: _____

_____ **(Attach additional sheet if needed).**

I hereby designate the above named employee as Reconciler for the Cardholders named above.

I hereby agree to serve as Reconciler for the card accounts assigned to me, monitor the account transactions for misuse/abuse, tax paid in error and report any suspected fraudulent activity for further ASU investigation.

Date Submitted: _____

_____
Signature of Department Head

_____
Signature of Reconciler

_____
Printed Name of Department Head

_____
Printed Name of Reconciler