



Monthly Corporate Travel Card Summary

University Accounting Services
 Accounts Payable - Travel
 3801 W. Temple Avenue, 121-East-2160 | Pomona, CA 91768
 Email: travel@cpp.edu

This form should be included as a summary document used to complete the monthly reconciliation of the Corporate Individual Travel Credit Card, as well as the Corporate Departmental Travel Credit Card. The Cardholder should complete the form, in its entirety, and obtain their Approving Officials certification signature once review has been completed.

I. Cardholder Information		
_____	_____	_____
Last Name	MI	First Name
_____	_____	_____
Email	Phone Ext.	Department

Select the Travel Card Program you are submitting a monthly reconciliation for:

Corporate Individual Travel Credit Card
 _____ Month/Year Submitted _____ Purchase Total

Corporate Departmental Travel Credit Card
 _____ Month/Year Submitted _____ Purchase Total

In addition to this form, please submit the following:

- Cardholder Activity Report printed from US Bank.
Navigation: Transaction Management > Transaction List > Select applicable billing cycle close date > Print Account Activity
- Original, Itemized receipts or invoices *(attached in order of Cardholder Activity Report)*
- Copy of approved Travel Request(s)

Important Notice: Incomplete, late or missing Corporate Travel Credit Card submissions may result in the cancellation of your Corporate Travel Credit Card. Incomplete forms may be returned to the cardholder for completion and resubmittal, which may result in a late submission. Please refer to the Corporate Travel Credit Card Procedures for the Individual and Departmental Credit Cards, located on Accounts Payable website at <https://www.cpp.edu/~fas/university-accounting-services/travel/US%20Bank%20Card.shtml>.

II. Cardholder Certification	
As the Corporate Travel Card holder , I certify that all purchases listed on the statement and Activity Report are true and correct and were made by me for official CSU business travel purposes. Furthermore, I certify that all purchases listed on the statement and Activity Report were made in alignment with the Corporate Individual Travel Credit Card policy and/or the Corporate Departmental Travel Credit Card policy and the CSU Travel Procedures.	
_____	_____
Cardholder's Signature	Date

III. Approving Official Certification	
As the Approving Official , I certify that I have reviewed the transactions for completeness and adherence to the Corporate Individual Travel Credit Card policy and/or the Corporate Departmental Travel Credit Card policy, as well as the CSU Travel Procedures, including purchase and fund restrictions.	

Approving Official's Printed Name	
_____	_____
Approving Official's Signature	Date

University Accounting Services Use Only	
Date Received: _____	Reconciliation Reviewed/Audited by: _____
Received after the 1st? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Prohibited Items? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	Date Reviewed/Audited: _____