

Use this form like a checking account register to keep track of the balance on your department or other Falcon card. This is no longer a required form but is for your convenience to explain department or Falcon card activity in the event of an audit.

Employee/Dept Name 			ID Card Number Org #			
						Card Activity From
<u>Date</u>	Item(s) Purchased, Business Purpose, and Names of Atte	endees	<u>Acct #</u>	Purch Amt	<u>Balance</u>	
Beginning Balan	ce or Initial Amount Loaded on Card (if applicable)					
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	je 2 and Ending Balance pace, page 2 of this form is available and automatically calco	ilates into	the ending hala	nce above		
	e examined this request and that all expenses meet those		-		policy and	

	erstand that a copy of this form ne ice (IRS) as well as for audit purpose	eds to be retained for / years in order to m es.	aintain compliance with
Employee/Cardholder			
	Printed Name	Signature	Date
Supervisor / VP			
	Printed Name	Signature	Date



ID Card Number	Card Activity From	Card Activity To		
Date	Item(s) Purchased, Business Purpose, and Names of Attendees	Acct #	Purch Amt	Balance
Balance brought	forward from Page 1			
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