

# Transaction Summary and Reconciliation Sheet

## Fulton County WEX Card

Department: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Account #: \_\_\_\_\_  
(last 6 digits)

Transaction Summary for Month: \_\_\_\_\_

Cardholder's Signature & Date: \_\_\_\_\_

Reallocator Signature & Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name (Reallocator)

\_\_\_\_\_  
Printed Name (Approver)

	Transaction Date	Vendor	Description/Business Purpose	Received	Reallocated	Reconciled	Total Purchase Amount
1							\$
2							\$
3							\$
4							\$
5							\$
6							\$
7							\$
8							\$
9							\$
10							\$
11							\$
12							\$
13							\$
14							\$
15							\$
16							\$
17							\$
18							\$
19							\$
20							\$

Reconciliation and approval must be completed and signed by the 15th of the month following receipt of statement.

**Ending Balance:** \$ \_\_\_\_\_