# **University of Illinois Alternate P-Card Reconciliation Form**

**Chicago/Springfield/Urbana-Champaign**

## Steps for Form Completion

1. Fill out the following sections completely:
	1. Personal Contact Information
	2. Departmental Information
2. Fill out the Purchase Card Information section, including an itemized list of expenses by using the table in that section.
	1. Please include clearly labelled and legible receipts/bills/invoices for each item in your email submission as attachments.
3. Fill out the relevant C-FOAPAL information as required. You may not need to use every space – please leave them blank if they are not needed.
4. Type your name under the Certification section to agree to the terms of this reimbursement and provide this form to additional signatories as required.
5. Please do not fill out the UPAY section.
6. Once the form is complete, please email it – and your additional receipt attachments – to obfsupay@uillinois.edu. Please contact University Payables via the same address with questions or concerns.

## Personal Contact Information

Name: Enter Your Full Name

Employee UIN: Enter the employee’s U of I UIN

## Departmental Information

Department Name and Mail Code:

Enter Department Name and Mail Code

Department Contact

Enter Department Contact Person

Department Phone

Enter 10 Digit Department Phone Number

**Services and Articles Rendered**

In the table below, include complete description of articles or services rendered, and attach supporting documentation. To lookup account numbers, you may use [OBFS’ Banner Account Codes](https://www.obfs.uillinois.edu/accounting-financial-reporting/banner-account-codes/) search function.

Start and End Date are optional entries, and are intended to capture the start and end date of a service period, maintenance agreement, membership, etc.

| Article and Business Purpose | Start Date(optional) | End Date(optional) | Account Number | Amount ($ USD) |
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Total Cost (USD$): Enter Total Cost in $ USD of Articles/Services

## FOAPAL Information

Note: If a particular FOAPAL is not used, there is no need to fill out any entry under it.

### **FOAPAL 1**

#### **FOP Title:** Enter FOP 1 Title

* Chart: Enter Chart (***required***)
* Index: Enter Index
* Fund: Enter Fund (***required***)
* Org: Enter Org (***required***)
* Acct: Enter Account (***required***)
* Program: Enter Program (***required***)
* Activity: Enter Activity
* Location: Enter Location

Amount: $Amount (in $ USD)

### FOAPAL 2

#### **FOP Title:** Enter FOP 2 Title

* Chart: Enter Chart (***required***)
* Index: Enter Index
* Fund: Enter Fund (***required***)
* Org: Enter Org (***required***)
* Acct: Enter Account (***required***)
* Program: Enter Program (***required***)
* Activity: Enter Activity
* Location: Enter Location

Amount: $Amount (in $ USD)

### FOAPAL 3

#### **FOP Title:** Enter FOP 3 Title

* Chart: Enter Chart (***required***)
* Index: Enter Index
* Fund: Enter Fund (***required***)
* Org: Enter Org (***required***)
* Acct: Enter Account (***required***)
* Program: Enter Program (***required***)
* Activity: Enter Activity
* Location: Enter Location

Amount: $Amount (in $ USD)

## Certification

"I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of section 5.1 of 'An Act to create the Bureau of the Budget and to define its powers and duties and to make an appropriation,' approved April 16, 1969, as amended, have been met."

Dept. Authorized Signature: Enter Name of Authorized Signatory

Date: Enter Date of Signature

Additional Approval: Enter Name of Additional Signatory

Date: Enter Date of Signature

## This Section for UPAY Use Only

Banner Document #: Enter Banner Document Number

### - End of Form -