



The University of Alabama in Huntsville Reconciliation Packet Due Date Extension Request

Department Name: _____

Department Reconciler: _____

Request Information

Month of Transactions: _____

Requested Extension Date: _____

Reason for Request:

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Cardholders with Transactions

By signing I certify that the department's Reconciliation Packet containing all required documentation, will be submitted to Procurement Card Services no later than the Requested Date.

Reconciler Signature: _____ Date: _____

Approving Official: _____

Signature _____ Date: _____

For Procurement Card Services Use Only

Procurement Card Services Official: _____ Date: _____

Forward completed form to Procurement Card Services Department for Approval.
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