

# CORPORATE

— MASTERCARD RECONCILIATION



OFFICE OF BUSINESS ADMINISTRATION

PROVISO TOWNSHIP HIGH SCHOOL DIST. 209

STATEMENT DATE

CREDIT CARD NUMBER (LAST FOUR DIGITS)

CURRENT CHARGES

TOTAL OF RECIEPTS (TOTAL RECIEPTS SHOULD EQUAL CURRENT CHARGES)

NOTES

  
  
  

SIGNATURES NEEDED:

**PTHS DISTRICT 209 OFFICE OF  
BUSINESS ADMINISTRATION:**

8601 Roosevelt Road, Forest Park, Illinois 60130

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PREPARER (COMPLETED BY)

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BUILDING PRINCIPAL

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DEPUTY SUPERINTENDENT OF FINANCE

THANK YOU FOR YOUR INFORMATION

PTHS209.ORG