

## Purchasing Card Monthly Certification Checklist

CARDHOLDER DUTIES		YES	NO	N/A	Date Completed
1	Certifies the cardholder used the P-card for District use only.				
2	All purchases were for official District use.				
3	Purchased goods were shipped to the District location.				
4	All receipts and supporting documentation were submitted for review.				
5	Statement reviewed and signed by the cardholder before the 10 <sup>th</sup> .				
LIAISON DUTIES		YES	NO	N/A	Date Completed
1	Reviewed P-Card transactions for <b>compliance</b> and <b>completeness</b>				
2	Reviewed monthly certification checklist, transactions, and statements to verify there have been no non-allowable transactions.				
3	Proper fund codes applied to each transaction				
4	Any split transactions identified.				
5	Any prohibited purchases identified.				
6	Statement reviewed and signed by the cardholder before the 10 <sup>th</sup> .				
APPROVER DUTIES		YES	NO*	N/A	Date Completed
1	Reviewed P-Card transactions for <b>compliance</b> and <b>completeness</b> .				
2	Invoices/receipts have full justified information.				
3	State sales or use tax is applied.				
4	Purchases were for legitimate District business use.				
5	The cardholder has signed the bank statement.				
6	The approver has <b>signed</b> and <b>dated</b> the bank statement signifying the review and approval for payment.				
7	Statement reviewed and signed by the cardholder before the 10 <sup>th</sup> .				

***If no to any responses, Approver must prepare memo on letterhead indicating the violation or infraction in accordance with District PCard Internal Operating Procedures.***

***Signatures below certifies that all assigned transactions have been reviewed and deemed in compliance with the District Pcard Internal Operating Procedures and the checklist has been completed in its entirety.***

Cardholder Print Name:	Signature:	Date:
Liaison Print Name:	Signature:	Date:
Approver Print Name:	Signature:	Date:

**Purchasing Card  
Monthly Certification Checklist**

*Note: If applicable, Approver will submit the memo addressing any violations identified above with monthly statement.*

**Example Memo:**

**Must be on Department/School Letterhead**

**VIOLATION IDENTIFICATION MEMO**

TO P-Card Administrator, Procurement Services

FROM: (Approver Name)

RE: Violation Identification

DATE: \_\_\_\_\_ XX, 2023

Upon review of the PCard transactions for the month of \_\_\_\_\_ for \_\_\_\_\_, the following transactions were identified:  
*(add cardholder name)*

	Personal purchase:
	Transaction over \$2500
	Split Purchase
	Other (describe):
	Unauthorized Travel & travel related expensive

**Violations resulting in any unauthorized or personal spending requires the cardholder to reimburse the District in full within five (5) business days for the total spend amount.**

**Cardholder Certification** – I hereby acknowledge that the above transaction is in violation of the purchasing card procedures in accordance with:

\_\_\_\_\_  
\_\_\_\_\_

I understand that repeated violations could result in revocation of my purchasing card. I further acknowledge that I have been warned through the use of this form. I understand that I am permitted to make purchases that are in compliance with purchasing card polices and agree to refer to my P-Card Procedures or Program Administrator if I am unsure about the purchasing card policies or instructions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approver Signature

\_\_\_\_\_  
Printed Name