

**Subject:** New Numbering System for Procurement Card Checks

To help prevent duplicate check numbers when entering Procurement Card (P-Card) payments into the system, we are updating the numbering format starting **with the statement ending August 3, 2025**.

## **New Numbering Format**

We will now base the first part of the check number on the **school year in which the purchases occurred**.

### **Format:**

[School Year] [Check Number]

1. **School Year Code:** Use the first two digits of each school year, combined:
  - For **2025–2026**, the code is **2526**
  - For **2026–2027**, the code is **2627**
  - For **2027–2028**, the code is **2728**, and so on.
2. **Check Number Sequence:** Start with **01** for the first check of that school year, then increase by one for each additional check.

### **Example for 2025–2026 School Year:**

- First check: **252601**
- Second check: **252602**
- Third check: **252603**
- Continue in order: 252604, 252605, etc.

**Important:** The new sequence starts each year with the statement ending in **early August** (this statement includes the first charges of the new school year).

## **Why This Change?**

- Avoids duplicate check numbers in the system.
- Makes it easy to identify the school year for each purchase at a glance.
- Keeps records consistent across all schools and departments.

**Please print this memo** and add it to your *How-To for Procurement Cards* section for reference.

Thank you for your attention to this update and for helping keep our records accurate!

## Procurement Card Check Number Quick Reference

Starting with the statement ending in early August each year, use the chart below to determine the correct Procurement Card check number format for the school year.

School Year	School Year Code	First Check Number	Example Sequence
2025-2026	2526	252601	252601, 252602, 252603...
2026-2027	2627	262701	262701, 262702, 262703...
2027-2028	2728	272801	272801, 272802, 272803...
2028-2029	2829	282901	282901, 282902, 282903...
2029-2030	2930	293001	293001, 293002, 293003...

### REMEMBER:

- First four digits = School year purchases occurred (e.g., 2526 = 2025-2026)
- Last two digits = Check number for that school year (01, 02, 03, etc.)
- Restart numbering at 01 each new school year, beginning with the August statement.

# **P CARD PROCEDURES**

**Tax Report**

**Tax Sheet**

Month Ending - ??/03/20??

Elementary School - Loc # ??

Order Date	Vendor	Description	Amount	Acct. #
			\$0.00	???.???.???.?????.??
			\$0.00	???.???.???.?????.??
			\$0.00	???.???.???.?????.??
			\$0.00	???.???.???.?????.??
			\$0.00	???.???.???.?????.??
		Total Amount Purchased	\$0.00	
		Sales Tax Owed	\$ -	
	Acct #	???.???.???.?????.??	\$0.00	
	Acct #	???.???.???.?????.??	\$ -	
	Acct #	???.???.???.?????.??	\$ -	
	Acct #	???.???.???.?????.??	\$ -	
	Acct #	???.???.???.?????.??	\$ -	
		Total	\$0.00	

# Entering Charges

- ACCOUNTING
- FUND LEDGER
- CASH DISBURSEMENTS
- ENTER EDIT CHECKS
- CASH ACCOUNT 100-000-101-0000-XX (XX IS YOUR LOCATION)
- NEXT CHECK NUMBER IN SYSTEM
- DATE THAT IS LISTED AS **POST DATE** ON STATEMENT
- DESCRIPTION-REASON FOR PURCHASE
- PAYEE – VENDOR INFORMATION
- CHECK AMOUNT
- CLICK GREEN + BOX – ENTER ACCT# FOR PURCHASE
- DESCRIPTION
- \$ AMOUNT OF PURCHASE (\*\*IF YOU HAVE A CREDIT ON STATEMENT THEN YOU WILL STILL ENTER AS A CHECK BUT WITH A (-) IN FRONT OF DOLLAR AMOUNT.\*\*)
- CLICK "FINISH" – GO TO NEXT CK

KEEP UP WITH LAST CK# (RUN CK REGISTER FOR CARD PERIOD) RECONCILE BALANCE TO STATEMENT (THEY HAVE TO MATCH)  
 PRINT & HAVE CARD HOLDER SIGN

**PLEASE RUN CHECK REPORT BY DATES, NOT CHECK NUMBERS. THIS HELPS KEEP ENTRIES IN THE CORRECT MONTH.**  
**EXAMPLE: ??/04/???? - ??/03/????**  
**THE 4<sup>TH</sup> OF THE PRIOR MONTH TO THE 3<sup>RD</sup> OF THE STATEMENT ENDING DATE**

The image displays two screenshots of the SmartFusion software interface. The top screenshot shows the 'Modules' sidebar on the left, with 'Fund Ledger' highlighted in yellow. The main window shows the 'SmartFusion' logo and the text 'INTEGRATED SOFTWARE FOR THE PUBLIC SECTOR'. The bottom screenshot shows the 'Cash Disbursements' screen. It has a search tab and a detail tab. The search tab contains fields for 'Beginning check number', 'Ending check number', 'User id', 'Cash account number', 'Beginning check date' (07/01/2015), and 'Ending check date' (06/30/2016). The detail tab shows fields for 'Cash account number', 'User id', 'Check number' (0), 'Invoice number', 'Date', 'PO number' (0), 'Description', 'Payee', 'Payee address 1', and 'Payee address 2'. At the bottom, there is a table with columns 'Fund Ledger Account', 'Description', and 'Amount', and a 'Check amount' field showing \$ 0.00.



PO Box 2360  
Omaha NE 68103-2360



Name: [REDACTED]  
DARLINGTON CTY SCH DS

Billing Cycle  
Closing Date:  
07/03/20

Account  
Number: [REDACTED]

Account Summary

Beginning balance	\$0.00	Credit limit	[REDACTED]
Payments and credits	\$0.00	Available credit	[REDACTED]
Purchase and adjustments less refunds	\$0.00	Payment due date	07/28/20
Cash advances	\$0.00	NEW MINIMUM PAYMENT DUE	0.00
FINANCE CHARGES	\$0.00		
Balance 07/03/20	\$427.49		

Payment Due by 28th of mth

\*Reason entry due by 25th of mth to Finance \*

Contact Information

FOR INFORMATION PLEASE CALL: 1-888-514-6849  
SEND INQUIRIES TO: FIRST CITIZENS BANK PO BOX 1580 ROANOKE VA 24007-1580

Post date is date to use to enter by.

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Transactions Since Last Statement

Trans	Post	Reference Number	Description	Amount
06/03	06/04	2405523HB2DZLB9DD	WALMART GROCERY 800-966-6546 AR	58.30
06/08	06/10	2416407HH7DMLGK6Q	SUBWAY 00137711 DARLINGTON SC	91.89
06/18	06/19	2405523HS2DK95RAP	WALMART GROCERY 800-966-6546 AR	39.18
06/25	06/26	2405523J12DJRZY5	WALMART GROCERY 800-966-6546 AR	5.03
06/25	06/26	2405523J12DZFWZPA	WALMART GROCERY 800-966-6546 AR	96.68
06/26	06/29	2476518J40FVLADQ2	HoneyBaked Ham 1915-P2PE Florence SC	136.41
07/03	07/03	000000000000COMPC	TOTAL PURCHASES \$427.49	

\$140.89

CK#  
252601  
252602  
252603  
252704

THIS STATEMENT IS FOR INFORMATIONAL PURPOSES ONLY. ALL PAYMENTS SHOULD BE MADE TO THE CONSOLIDATED ACCOUNT NUMBER. IF YOU WOULD LIKE TO TURN OFF THIS STATEMENT, PLEASE CALL CUSTOMER SERVICE AT 1-888-514-6849.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION



PO Box 2360  
Omaha NE 68103-2360

[REDACTED]

INDICATE CHANGE OF ADDRESS  
ON BACK OF RETURN ENVELOPE

MINIMUM PAYMENT DUE	PAST DUE AMOUNT	PAYMENT DUE DATE
0.00	0.00	07/28/20

NEW BALANCE	ACCOUNT NUMBER
427.49	[REDACTED]

THIS IS A MEMO STATEMENT ONLY DO NOT PAY

↑ This total # must match CK Register Report

FIRST CITIZENS BANK  
PO BOX 63001  
CHARLOTTE NC 28263-3001



[REDACTED]  
DARLINGTON CTY SCH DS  
ATTN: ALICE WATFORD  
PO BOX 1117  
DARLINGTON SC 29540-1117



CARD HOLDER SIGNATURE \_\_\_\_\_

BOOKKEEPER SIGNATURE \_\_\_\_\_

**Procurement Card Checklist-**  
**Will be used each month to check each statement**

- \_\_\_\_\_ Authorization form filled out by CARDHOLDER prior to ANY purchases made.
- \_\_\_\_\_ If the account number being used has a fund mgr that needs to approve -that MUST be done first PRIOR to purchasing. NO MORE EMAIL APPROVALS- AUTHORIZATION FORMS MUST BE SIGNED AND FILLED OUT COMPLETELY PRIOR TO ANY PURCHASES.
- \_\_\_\_\_ Place Procurement card statement on Top- signed by both parties.  
(include any notes for items not entered and label each including a check number)
  - \_\_\_ a - Could a PO have been done-
  - \_\_\_ b - Are there any recurring charges-
  - \_\_\_ c - The authorization form has been completely detailed and filled out-
  - \_\_\_ d - Receipts are attached and accounted for-
  - \_\_\_ e- Fund mgr has signed authorization form and approved purchase-
  - \_\_\_ f- All parties have signed and completed for entry by bookkeeper-
- \_\_\_\_\_ Tax Report. Any purchases made from Amazon or any other organization that does not charge sales tax will need to be reported. Please check over and make sure correct tax amount has been charged as well.
- \_\_\_\_\_ Back up for charges
  - a. Authorization Form (FILLED OUT COMPLETELY AND SIGNED BY ALL) \_\_\_\_\_
  - b. Receipts / Invoice \_\_\_\_\_
- \_\_\_\_\_ Check register ran by dates NOT check numbers. ( example 7.4.2025 -8.03.2025 )
- \_\_\_\_\_ Signed Check Register by both parties - Card holder - Bookkeeper
- \_\_\_\_\_ Total on signed check register must match total of balance on statement. If not then a reason must be documented on check register. Please DO NOT send in if totals do not match.
- \_\_\_\_\_ Check numbers written on statement
- \_\_\_\_\_ Post date from statement used for entry date on form and when entered into the system
- \_\_\_\_\_ If a check has been voided/skipped/ unused it MUST be noted on the signed check register
- \_\_\_\_\_ **Statements MUST be in finance by 25th of each month.**

**MUST BE FILLED OUT PRIOR TO ANY PURCHASE BEING MADE**

CARD HOLDER MUST FILL OUT ONE OF THESE FORMS PRIOR TO ANY PURCHASE.  
AS WELL AS HAVE FUND MGR SIGN OFF ON THE FORM PRIOR TO ANY PURCHASES.



**DARLINGTON COUNTY SCHOOL DISTRICT  
AUTHORIZATION FORM FOR USING PROCUREMENT CARD**

Authorization is given to WHOM IS MAKING PURCHASE for use of DCSD  
VISA Procurement Card number \_\_\_\_\_ on this date,  
DATE OF PURCHASE; not to exceed \$ DOLLAR AMOUNT NOT TO EXCEED

By signing this form, I am agreeing to:

- Adhere to purchase limits/restrictions of this Procurement Card, not to exceed \$2,500 per transaction;
- Provide all sales slips and/or register receipts for all purchases for each transaction while using this Procurement Card;
- Provide a detailed itemization of receipt if receipt is not clear as to what has been purchased;
- Provide attendance information (number of people attending, place, date, food provided, etc.) for all transactions involving food.

Cardholder's signature: CARD HOLDERS SIGNATURE PRINCIPAL OR DEPARTMENT HEAD  
MUST HAVE SIGNATURE PRIOR TO PURCHASE

Authorized User's Signature: WHOM IS MAKING PURCHASE SIGNATURE  
MUST HAVE SIGNATURE PRIOR TO PURCHASE

Fund Manager Approval /Signature: FUND MANAGERS SIGNATURE  
MUST HAVE SIGNATURE PRIOR TO PURCHASE

LILKENYA JENKINS- FUND MGR SIGNATURE

Approved by: FUND MANAGERS SIGNATURE  
MUST HAVE SIGNATURE PRIOR TO PURCHASE

SPECIAL REVENUE FUND MANAGER

Account Number(s):

Amount:

ACCOUNT # ASSIGNED BEFORE PURCHASING

\$\$\$COST

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

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL (IF MORE THAN ONE AMOUNT)

Check Number:

Vendor:

NEXT # FROM CSI

WHERE PURCHASE WAS MADE

Post Date (from statement) : \_\_\_\_\_

Purpose: FULL DETAILS:

Revised 7.17.25

CARD HOLDER MUST FILL OUT ONE OF THESE FORMS PRIOR TO ANY PURCHASE.  
AS WELL AS HAVE FUND MGR SIGN OFF ON THE FORM PRIOR TO ANY PURCHASES.



**DARLINGTON COUNTY SCHOOL DISTRICT  
AUTHORIZATION FORM FOR USING PROCUREMENT CARD**

Authorization is given to \_\_\_\_\_ for use of DCSD VISA  
Procurement Card number \_\_\_\_\_ on this date, \_\_\_\_\_; not to  
exceed \$ \_\_\_\_\_

By signing this form, I am agreeing to:

- Adhere to purchase limits/restrictions of this Procurement Card, not to exceed \$2,500 per transaction;
- Provide all sales slips and/or register receipts for all purchases for each transaction while using this Procurement Card;
- Provide a detailed itemization of receipt if receipt is not clear as to what has been purchased;
- Provide attendance information (number of people attending, place, date, food provided, etc.) for all transactions involving food.

Cardholder's signature: \_\_\_\_\_

**MUST HAVE SIGNATURE PRIOR TO PURCHASE**

Authorized User's Signature: \_\_\_\_\_

**MUST HAVE SIGNATURE PRIOR TO PURCHASE**

Approved by: \_\_\_\_\_

**MUST HAVE SIGNATURE PRIOR TO PURCHASE**

Special Revenue Fund Manager

Account Number(s):

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

Amount:

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL** (IF MORE THAN ONE AMOUNT)

Check Number: \_\_\_\_\_

Vendor: \_\_\_\_\_

Post Date (from statement) : \_\_\_\_\_

Purpose: (DETAILED):

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

**TITLE I USE ONLY**

**TITLE I USE ONLY**

**FUNDS FOR TITLE I DISTRICT PARENT SET-A-SIDE ACCOUNT MONIES**



**DARLINGTON COUNTY SCHOOL DISTRICT  
AUTHORIZATION FORM FOR USING PROCUREMENT CARD**

Authorization is given to \_\_\_\_\_ for use of DCSD VISA  
Procurement Card number \_\_\_\_\_ on this date, \_\_\_\_\_; not to  
exceed \$ \_\_\_\_\_

By signing this form, I am agreeing to:

- Adhere to purchase limits/restrictions of this Procurement Card, not to exceed \$2,500 per transaction;
- Provide all sales slips and/or register receipts for all purchases for each transaction while using this Procurement Card;
- Provide a detailed itemization of receipt if receipt is not clear as to what has been purchased;
- Provide attendance information (number of people attending, place, date, food provided, etc.) for all transactions involving food.

Cardholder's signature: \_\_\_\_\_  
**MUST HAVE SIGNATURE PRIOR TO PURCHASE**

Fund Manager Approval /Signature: \_\_\_\_\_  
**MUST HAVE SIGNATURE PRIOR TO PURCHASE** LILKENYA JENKINS

Authorized User's Signature: \_\_\_\_\_  
**MUST HAVE SIGNATURE PRIOR TO PURCHASE**

Account Number(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount:  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ **TOTAL** (IF MORE THAN ONE AMOUNT)

Check Number: \_\_\_\_\_

Vendor: \_\_\_\_\_

POST Date (from statement) : \_\_\_\_\_

Purpose:(DETAILED)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOLS LOC ACCOUNT #  
TITLE I USE ONLY

SCHOOLS LOC ACCOUNT #  
TITLE I USE ONLY



**DARLINGTON COUNTY SCHOOL DISTRICT  
AUTHORIZATION FORM FOR USING PROCUREMENT CARD**

Authorization is given to \_\_\_\_\_ for use of DCSD VISA  
Procurement Card number \_\_\_\_\_ on this date, \_\_\_\_\_; not to  
exceed \$ \_\_\_\_\_

By signing this form, I am agreeing to:

- Adhere to purchase limits/restrictions of this Procurement Card, not to exceed \$2,500 per transaction;
- Provide all sales slips and/or register receipts for all purchases for each transaction while using this Procurement Card;
- Provide a detailed itemization of receipt if receipt is not clear as to what has been purchased;
- Provide attendance information (number of people attending, place, date, food provided, etc.) for all transactions involving food.

Cardholder's signature: \_\_\_\_\_  
**MUST HAVE SIGNATURE PRIOR TO PURCHASE**

Fund Manager Approval / Signature: \_\_\_\_\_  
**MUST HAVE SIGNATURE PRIOR TO PURCHASE** LILKENYA JENKINS

Authorized User's Signature: \_\_\_\_\_  
**MUST HAVE SIGNATURE PRIOR TO PURCHASE**

Account Number(s):	Amount:
_____	\$ _____
_____	\$ _____
	\$ _____ <b>TOTAL</b>

Check Number: \_\_\_\_\_ Vendor: \_\_\_\_\_

Post Date (from statement) : \_\_\_\_\_

Purpose: (DETAILED)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_