P-Card Monthly Statement Packet Certification Checklist

This must be fully complete before submitting.

	CARDHOLDER DUTIES	YES	NO	N/A	Date
1	I used the P-Card exclusively for District-related expenses.				
2	I checked to ensure no fraud occurred on my card.				
3	All purchased goods were shipped to a District location.				
4	I submitted all receipts and supporting documentation to my liaison for review on or before the 28th.				
5	I reviewed and signed my bank statement before the 10th.				
	LIAISON DUTIES	**YES**	**NO**	**N/A**	**Date**
1	I reviewed all my cardholders' transactions, applied a correct fund code for each one, and signed off on them in WORKS before or on the 2nd.				
2	I reviewed the bank statement, receipts, supporting documentation, and monthly certification checklist for **compliance** and **completeness**.				
3	I have identified that the cardholder made a prohibited purchase.				
4	I have identified that the cardholder made a split purchase.				
5	I checked that all monthly statement packet documents were signed and dated by the cardholder before the 10th.				
	APPROVER DUTIES	**YES**	**NO**	**N/A**	**Date**
1	I reviewed the P-Card Monthly Statement Packet for **compliance** and **completeness**.				
2	I checked that all invoices/receipts are fully justified.				
3	I checked that all state sales or use tax is applied properly.				
4	I confirmed that the purchases were for legitimate District business use.				
5	I confirmed that the cardholder signed and dated the bank statement before the 10th.				
6	I have **signed** and **dated** the bank statement signifying my review and approval for payment.				

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

Signatures below certify that all assigned transactions have been reviewed and deemed in compliance with the District P-Card Internal Operating Procedures and the checklist has been completed entirely.

Cardholder Print Name:	**Signature:**	**Date:**
Liaison Print Name:	**Signature:**	**Date:**
Approver Print Name:	**Signature:**	**Date:**
Comments/Notes:		

Revised March 2026