

P-Card Monthly Statement Packet Certification Checklist

CARDHOLDER DUTIES		YES	NO	N/A	Date
1	I certify I used the P-Card exclusively for official District use.				
2	All purchases were for official District-related expenses.				
3	All purchased goods were shipped to a District location.				
4	I submitted all receipts and supporting documentation to my liaison for review before the 10th.				
5	I reviewed and signed my bank statement before the 10th.				
LIAISON DUTIES		YES	NO	N/A	Date
1	I reviewed all P-Card transactions in WORKS and applied a proper fund code for each transaction.				
2	I reviewed the P-Card transactions, receipts, supporting documentation, bank statement, and monthly certification checklist for compliance and completeness .				
3	A prohibited purchase made.				
4	A split purchase made.				
5	All monthly statement packet documents have been signed and dated by the cardholder before the 10 th .				
APPROVER DUTIES		YES	NO	N/A	Date
1	I reviewed the P-Card Monthly Statement Packet for compliance and completeness .				
2	All invoices/receipts are fully justified.				
3	State sales or use tax is applied properly.				
4	The purchases were for legitimate District business use.				
5	The cardholder has 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:		