

MONTHLY PROCUREMENT CARD REVIEW

CARDHOLDER NAME: _____	BILLING PERIOD START DATE: _____	BILLING PERIOD END DATE: _____
-------------------------------	---	---

Instructions: Please fill in name, billing period start and end dates, spending limits, and obtain necessary signatures. If a receipt is missing or sales tax charged in error, cardholder should note this on the review sheet. This page should used as the cover-page for your supporting documentation.

Documentation

Supporting documentation for each transaction organized in same order as listed on the monthly Cardholder statement printed from VISA IntelliLink. Under-sized receipts, packing lists, etc. should be taped to 8.5" x 11" piece of paper to avoid misplacement and help keep documents organized.

Itemized Receipts

Vendor Name (Vendor Name on receipt or paid invoice should match Vendor Name on the Cardholder statement)

Date of transaction

Itemized description of purchased items; if not itemized attach the detail receipt or packing slip with line item description and quantities.

Quantities of each purchased item

Amount: receipt amount should match the amount on the monthly Cardholder statement

No Missouri Sales Tax: If tax is charged, the cardholder is responsible for contacting the vendor to have the tax charge refunded back to the p-card.

Qualified Purchases Only

Verify that all purchases meet the program guidelines.

Business Purpose

Verify that each transaction includes a valid and clear business purpose explaining why the purchase is necessary to conduct University business. (i.e. office supplies for daily office operation; reference materials for professional library; books for student reference)

Signatures

This page is to be signed by the Cardholder and the appropriate department, budgetary supervisor. Additional signatures should be obtained by the cardholder as needed depending on the signature limits within your department.

1. Any individual charge or any order (even if charges are split into multiple transactions) above \$1,000 will need to be approved by the department chair AND by the next approver (Dean).
2. If there are expenses for the department chair (I.e. travel, memberships, registrations, etc.), the documentation should be forwarded to the next level for an additional signature, since no individual is authorized to approve their own expenses.
3. If p-card activity for a month exceeds \$5,000, cardholder is to forward the documentation for President's Staff member approval.

Spending Limits - Transaction Limit - **Not to exceed \$** _____ **/vendor/day**

Cycle Limit - **Not to exceed \$** _____

Verify approved transaction limit and cycle limit have not been exceeded and that no splitting or stringing of purchases exists.

I have reviewed all transactions made to my account and have attached an original itemized receipt supporting each purchase and all other required documentation and I verify that all purchases meet the program guidelines and are necessary for the operation of the department.

Cardholder Signature: _____ **Date:** _____

Supervisor(s) Signature(s): _____ **Date:** _____