

PROCUREMENT CARD MONTHLY CHECKLIST ENVELOPE

STATEMENT DATE: _____ / _____ / _____

6210 F9

Review all purchases listed on your monthly billing statement to ensure they are accurate and complete. Match up all receipts, invoices, etc with each item listed on your bank statement. If something is incorrect on your monthly U.S. bank statement, then:

Do not contact the purchasing dept. Our contract with U.S. Bank requires the cardholder to follow the instructions below.

- Contact the vendor first and try to resolve the problem. If you are unable to resolve the problem then...
- Call the U.S. Bank Customer Service number 1-800-344-5696 and resolve.

MISSING RECEIPT: Complete the Missing Receipt Form 6210 F10 if applicable.

AUDIT COMPLIANCE: Complete the following information for the current month's activity and bill:

- \$ _____ total amount expended on this month's statement
- _____ total number of transactions on this month's statement
- _____ total number of attached receipts/invoices
- _____ total missing receipt forms
- \$ _____ total Utah sales tax paid for current month's transactions

CHECKLIST: Enclose the following in your checklist envelope:

- The original copy of your monthly billing statement
- All receipts/invoices from vendors
- Copy of Missing Receipt Form (s) if applicable

JOURNAL ENTRY FORM: If charges need to be moved from default account.

Complete two approved and signed copies, send one to the budget dept for posting and enclose one in this Checklist Envelope.

JOURNAL ENCLOSED: YES _____ NO _____

JOURNAL TO BUDGET DEPT: YES _____ NO _____

Statements are received between the 20th through 25th of each month.

CHECKLIST ENVELOPES are due to Purchasing by the 15th of the following month. If this timeline is not followed it could result in your P card being put on HOLD or CLOSED.

I have reviewed all items reported on the monthly P-Card statement and assume responsibility for its accuracy.

Cardholder's Printed Full Name

Date _____ / _____ / _____

Cardholder's Signature

Date _____ / _____ / _____

Supervisor's Signature