

Approval of PCard Expenses

Purchasing Card / Stored Value Card

Billing Date *(from electronic statement)* _____

I have viewed my transactions and approved each expense.

I have reviewed the attached statement to ensure that a receipt is attached for every transaction amount listed.

I understand the PCard should never be used to make personal purchases. If an inadvertent mistake occurred, I verify that it has been properly documented, reimbursement has been made at the Bursar's Office, and the receipt and a copy of the Deposit Transmittal Form are attached.

I agree to follow the established procedures for using the purchasing card as they are listed in the Purchasing Card Policies and Procedures Manual.

Cardholder Name (print or type)

Department Name

Cardholder Signature

Date

I have reviewed every transaction listed on this statement. By signing my approval below, I verify that each transaction has been properly substantiated or corrective action has been taken.

Supervisor Name (print)

Supervisor Signature

Date