



U N I V E R S I T Y

Procurement Services

## 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.

I do not have a personal, family or business relationship with any of the vendors used.

\_\_\_\_\_  
Cardholder Name (print or type)

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

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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.

I do not have a personal, family or business relationship with any of the vendors used. Nor am I aware of any potential conflict of interest with the vendors used.

\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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**\*\*\*If there is a question or uncertainty whether a conflict of interest exists with the vendor, contact the General Counsel's Office\*\*\***