

# P-CARD Monthly Certification and Approvals

## Cardholder

I have reviewed the attached statement and certify the following:

* The procurement card remains in my custody and I am the sole individual executing transactions via this card.
* The card was used only for official CCCS business, and all purchases comply with State Fiscal Rules, procurement code and CCCS policy and procedures.
* Purchases charged to Perkins and other federal programs are allowable under federal regulations.
* All purchases have been received.
* Adequate supporting documentation is attached for each purchase.
* All purchases on the statement are appropriate and any disputed charges have been filed with the issuing bank and the Program Administrator.
* All charges have been re-allocated to appropriate organization and account/commodity codes.

Cardholder’s Signature: Date:

Print Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## Approving Official

I have reviewed the statement and attached documentation and additionally certify the above statements.

Approver’s Signature: Date:

Print Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## Purchasing Office Only

*Date of Review:*

*Reviewed By: Received Date:*