

# P-Card Transaction Review Form

Date: \_\_\_\_\_

Approver: \_\_\_\_\_

Transaction Period (mm/year): \_\_\_\_\_

Accounting Dept Reviewer: \_\_\_\_\_

Group #: \_\_\_\_\_

## Section 1: Accounting Department Review Instructions

1. Use one review form to review all randomly selected transactions for a single approver.
2. Highlight transaction data on the printed transaction report when it does not meet the review criteria below.

### First Review:

- |  |     |     |    |
|--|-----|-----|----|
| 1. Are there <u>itemized</u> receipts for each purchase?                 |     | YES | NO |
| 2. Is the sales tax box marked when required?                            |     | YES | NO |
| 3. Was a Department P-card <i>Check Out Log</i> sufficiently maintained? | N/A | YES | NO |
| 4. Insufficient purchase explanations                                    |     | YES | NO |
| 5. Possible personal purchases   |     | YES | NO |
| 6. Controlled item violations  |     | YES | NO |
| 7. Splitting to avoid transaction limit                                  |     | YES | NO |
| 8. If grant funds used (funds: 50000 – 56999), was it approved by RSP?   | N/A | YES | NO |

### Comments/Concerns:

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**Section 2: P-Card Administrator Review Instructions**

1. Review the transaction report for items that did not meet the above criteria as indicated by Accounting Services review.
2. Complete the Second Review (see below).
3. Return to Step 8 of the *Reviewing Monthly Random P-Card Transactions* procedures (PRO-U5351.02A)

**Second Review:**

- |                                |                                     |                                       |
|--------------------------------|-------------------------------------|---------------------------------------|
| 1. Contract requirement issues | <input type="checkbox"/> None found | <input type="checkbox"/> Issues Found |
| 2. Contracting-out violations  | <input type="checkbox"/> None found | <input type="checkbox"/> Issues Found |

**Comments/Action Taken:**

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Date of P-Card Administrator Review: \_\_\_\_\_ Signature: \_\_\_\_\_

- Referred to Director of Business Services

**Corrective Action Taken:**

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