

RED ROCKS COMMUNITY COLLEGE
PCard Monthly Checklist and Certification

Cardholder: Mark each line as applicable to this statement.
Procurement Reconciliation Guidance can be found on the [PCard website](#).

- Y NO The procurement card remains in my custody. I am the sole individual executing transactions via this card.
 - Y NA Any disputed charges on this statement have been filed with US Bank and the Program Administrator.
 - Y NO All purchases comply with State Fiscal Rules, State Procurement Code, CCCS and RRCC internal policies.
 - Y NA Purchases charged to Perkins and other federal programs are allowable under federal regulations.
 - Y NA All equipment purchases =>\$1,000.00 funded with federal grant money must receive an RRCC asset tag. I have contacted RRCC.Fixedassets@rrcc.edu for equipment tagging.
 - Y NO All purchases were approved in advance by my approving official.
 - Y NO **Adequate** supporting documentation is attached for **each** purchase, or the lost transaction form is attached for any missing receipt(s).
 - Y NA Official Function form and supporting documentation (see requirements on form) are attached.
 - Y NA Any sales tax charged has been addressed and the resolution documented in the comments section.
 - Y NA A copy of the fully signed Travel form for out-of-state or overnight conference registration(s) is attached.
 - Y NA Banner screenshot of reallocation for all charges are attached and noted on the Expense Log.
- AND/OR**
- Y NA Interdepartmental Invoice (IDI) has been submitted to RRCC.IDI@rrcc.edu for any missed reallocations and noted on the Expense Log.
 - Y NO Expense log with valid business purpose(s) for expenditures has been signed and is attached.

Comments:

I, _____, certify that the above information is true and accurate. Date: _____
(Cardholder Name)

Approving Official Review and Audit Checklist: Mark each line as applicable to this statement.

- Y Bank statement Y NA Travel form
- Y Expense log with valid business purpose(s) Y NA Official Function form
- Y NO Itemized invoices/receipts Y NA Tax charged. If yes, resolved: Y
- Y NO Prohibited transactions. If yes, use comment. (Reference PCard Handbook for guidance.)
- Y NO Split transactions (Multiple transactions to circumvent the single transaction limit.)

Comments:

My review of this statement and supporting documentation is noted by my completion of the audit checklist.

A/O Signature: _____ Date: _____

Purchasing Review:

Reviewed By: _____ Date: _____ Statement Close Date: _____

Follow Up Required: _____