

RED ROCKS COMMUNITY COLLEGE
PCard Monthly Checklist and Certification

Cardholder: Use the drop down box to indicate Y or N/A as it is applicable to this statement for **EACH** line.

I certify:

The procurement card remains in my custody and I am the sole individual executing transactions via this card.

Any disputed charges on this statement have been filed with Citibank and the Program Administrator. Disputed transaction form is attached.

Purchases charged to Perkins and other federal programs, or state, local or private grants are allowable under federal and state regulations and are included in the budget narrative or statement of work. All purchases are appropriately charged in accordance with the terms and conditions of the applicable grant or contract.

All purchases comply with State Fiscal Rules, State Procurement Code, CCCS and RRCC internal policies.

All purchases were approved in advance by my approving official.

All equipment purchases over \$500 should receive an RRCC asset tag from the Property Accountant. Contact RRCC.Fixedassets@rrcc.edu for equipment tagging, if it is not complete.

All charges have been reallocated to appropriate organization and account/commodity codes.

Adequate original supporting documentation is attached for **each** purchase or the lost transaction form is attached for any missing receipt(s). *Every attempt has been made to obtain a duplicate receipt and the duplicate receipt cannot be provided by the vendor.*

Official Function form(s) and supporting documentation (itemized receipt, agenda, sign-in sheet, etc.) for food purchases relating to an official/training function are attached.

Any sales tax charged has been addressed and noted on Transaction Header Sheet.

A copy of the fully signed Travel form for out-of-state or overnight conference registration(s) is attached.

Comments: _____

Printed Name: _____ Signature: _____ Date: _____

Approving Official – I have reviewed the attached statement and documentation and approve all purchases made by this cardholder. All purchases were pre-approved and appear appropriate, fully supported, and for official State business only.

Comments: _____

Printed Name: _____ Signature: _____ Date: _____

Purchasing Review:		
__ Signatures (A/O & Cardholder)	__ Itemized Invoices/Receipts	Reviewed by ____ Date _____
__ Tax Y / N __ Tax Resolved	__ Forms <input type="checkbox"/> Travel <input type="checkbox"/> Official Function	Statement Close Date _____
__ Valid Business Purpose		
__ Follow Up Required: _____		