

Complete and send to the Purchasing Office upon request.

Purchase – Self Assessment

(To be completed annually)

Department/Cardholder:

Name: _____ **# of Cards:** _____

- | | | | |
|-----|---|-----|----|
| 1. | Cardholders and users have reviewed and signed the “Memorandum Of Understanding on the Use of District Issued Procurement Cards”. | Yes | No |
| 2. | Copies of the procedures are available to cardholders and users. | Yes | No |
| 3. | Purchase Cards are kept in a secured or locked location, and are signed out on the Transaction Logs. | Yes | No |
| 4. | Original, itemized receipts are turned in after each purchase and kept for reconciliation. | Yes | No |
| 5. | Written confirmations are obtained from vendors for Internet/ telephone orders. | Yes | No |
| 6. | Receipts are matched to the purchase & travel card logs and on-line transaction reports. The transaction reports are printed for review and signature by the Cardholder / Administrator on a weekly basis. | Yes | No |
| 7. | Monthly Budget Status Reports are matched to the Purchase Card transaction reports each month. | Yes | No |
| 8. | Records are retained at the location in an orderly manner for ease of audit review. | Yes | No |
| 9. | It is understood that all P-Card records must be kept for a period of three years. | Yes | No |
| 10. | The Administrator is aware of procedures: to immediately notify the Bank and Finance Department if a card is lost/stolen; an assigned Cardholder employee is transferred or leaves; or a card has been misused. | Yes | No |

***If any of the above items are answered “NO”,
please contact the Purchasing Office to discuss corrective procedures.***

Comments: _____

Cardholder Signature

Date

Title

School/Department