

**PROCUREMENT USE ONLY**

Verified by: _____

initials

Date: _____

MONTHLY P-CARD PURCHASE SUMMARY

Department	Cardholder Name	Month/Year	Purchase Total

In addition to this form, please submit:

- ☐ Cardholder Activity report from US Bank.

NAVIGATION:

Transaction Management > Transaction List > Select applicable billing cycle close date > Print Account Activity.

NOTE: If possible, please print the Cardholder Activity report in portrait mode.

- ☐ Itemized Vendor receipts or invoices (attached in order of the cardholder activity report)

NOTE: Please number your charges and corresponding receipts/invoices.

Additional required documentation/approvals for purchases that meet the following criteria:

- ☐ **Hospitality** - Justification must be included.

For more information: www.cpp.edu/~fas/university-accounting-services/accounts-payable/hospitality.shtml

- ☐ **Use of Campus Resources** - Per Presidential Order 7.8, any deviation must include a waiver from the Bronco Bookstore, Graphic Communications Services or Foundation as applicable.

For more information: www.cpp.edu/~policies/presidential-orders/presidential_order_foundation_services.shtml

- ☐ **ATI & IT Review** for Electronic & Information Technology (E&IT) items.

For more information: www.cpp.edu/~accessibility/procurement/index.shtml

- ☐ **Assets:** Contact Asset Management upon receipt for on-site tagging.

For more information: www.cpp.edu/~procurement/asset-management.shtml

Important: Incomplete, late or missing P-Card submissions may result in the temporary deactivation of your P-Card. See the P-card User's Handbook for violation measures. *For more information: www.cpp.edu/~procurement//procard/index.shtml*

As the P-Card holder, I certify that all purchases listed on this statement are true and correct and were made by me for official CSU purposes.

Cardholder Signature:	
Date:	
Email:	Phone:

As the Approving Official, I certify that I have reviewed the transactions for completeness and adherence to CSU P-Card policy, including purchase and fund restrictions.

Approving Official Printed Name:
Approving Official Signature:
Date: