Cardholder: Departr Review Period:	nent:	Reviewer: Last Review Period:			Acct: Last Review Meeting Date:	
Card Documentation & Retention (Procurement Card Records Prior to June 1)	C	NC	N/A		Comments	
a. Sufficient documentation available? (•					
b. Bank statements signed by the Cardh						
c. Bank statements signed by the Review						
d. Charges verified on bank statement?						
e. Bank statements provided?						
f. Reconciliation logs signed by the Card						
g. Reconciliation logs signed by the Revi						
h. Monthly reconciliations completed by						
i. Reconciliation logs provided?						
j. Records supplied for all requested mo						
k. Prizes, incentives, and awards?						
I. Reward programs & promotional offe	ers?					
2. Card Documentation & Retention	С	NC	N/A		Comments	
(Procurement Card Records After to J	uly 2022)					
a. Transactions placed on expense repo	rts?					
b. Expense Reports in Stratus Completed	d? 🗆					
3. Card Use	С	NC	N/A		Comments	
a. Card Sharing?						
b. Personal Use?						
i. University Reimbursed? Receipt a	ttached $\ \square$					
c. Split Transactions?						
d. Delivery on-campus? If not, verify loca						
e. Defective/Disputed reported properly						
f. Good/Services not purchased at excess	sive cost?					
g. Food Purchases?						
i. Description of event?						
ii. List of participants?						
iii. If over \$250, provided by Dining Se	rvices?					
iv. If not, is a waiver attached?						

Review Mtg. Date: Review Mtg. Name (Print): ______ Review Mtg. Signature: _____

roc	uremer	nt Card Review	Coı	mple	ete	Random		Reviewed E	Ву:	Towson University Financial
ervice	!S									
Cardholder: Department: Review Period:							Reviewer:			Acct: Last Review Meeting Date:
						Last Review Period:			w Period:	
	h. Furn	iture								
i. Purchased through MCE?										
ii. If not, did the cardholder obtain a waiver?										
iv. Card Misuse? (Alcohol, Flowers, Bottled Water,										
	Gift (Cards, Appliances, Fines, F	ees, Clo	thing	, etc.)					
		Receipts							Additional Comme	nts
Date	Amount	Vendor	M	N	ST					
						M=Missing	NI=N	on- Itemized	ST=Sales Tax Paid	

Review Mtg. Date: Review Mtg. Name (Print): ______ Review Mtg. Signature: _____