

Procurement Card Review

 Complete

 Random

Reviewed By: _____

Towson University Financial Services

Cardholder:

Department:

Reviewer:

Acct:

Review Period:

Last Review Period:

Last Review Meeting Date:

1. Card Documentation & Retention (Procurement Card Records Prior to July 2022)	C	NC	N/A	Comments
a. Sufficient documentation available? (Receipts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Bank statements signed by the Cardholder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Bank statements signed by the Reviewer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Charges verified on bank statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Bank statements provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Reconciliation logs signed by the Cardholder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Reconciliation logs signed by the Reviewer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Monthly reconciliations completed by the 15 th ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Reconciliation logs provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Records supplied for all requested months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Prizes, incentives, and awards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Reward programs & promotional offers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Card Documentation & Retention (Procurement Card Records After to July 2022)	C	NC	N/A	Comments
a. Transactions placed on expense reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Expense Reports in Stratus Completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Card Use	C	NC	N/A	Comments
a. Card Sharing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Personal Use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. University Reimbursed? Receipt attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Split Transactions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Delivery on-campus? If not, verify location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Defective/Disputed reported properly? Resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Good/Services not purchased at excessive cost?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Food Purchases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Description of event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. List of participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. If over \$250, provided by Dining Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iv. If not, is a waiver attached?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Review Mtg. Date:

Review Mtg. Name (Print): _____

Review Mtg. Signature: _____

