

Boise State University
P-Cardholder Non-compliance Warning Form

This form is used by the department approver (or manager) to notify a cardholder of a p-card issue that needs to be resolved. The form identifies the issue, notes the action required by the cardholder and specifies a resolution due date. This form is used to document an issue in case of audit and should be maintained with p-card documentation.

Cardholder Name _____ Department _____ Date: _____

Form issued by Approver: _____ P-card Statement Month/YR _____
Name

RECONCILIATION INCOMPLETE

- Cardholder Works Sign Off was not completed online by the required due date
- Cardholder did not submit p-card documentation by the required due date

TRANSACTION COMPLIANCE ISSUE

Transaction Date _____ Merchant _____ Amount _____

- | | |
|--|---|
| <input type="checkbox"/> Event Expense Summary form missing | <input type="checkbox"/> Unauthorized purchase |
| <input type="checkbox"/> Sales tax paid | <input type="checkbox"/> Incomplete or missing receipt |
| <input type="checkbox"/> Split transaction to avoid bid, card limits | <input type="checkbox"/> Failure to purchase from Contract Vendor |
| <input type="checkbox"/> Other _____ | |

ACTION REQUIRED BY CARDHOLDER

Please explain how the cardholder can remedy this issue: _____

*Action to be completed no later than _____
Specify Date

IMPORTANT INFORMATION FOR THE CARDHOLDER- Please contact your area's p-card approver or manager if there is an issue preventing resolution by the specified date. If the issue remains unresolved past the date specified above, your account may be suspended.

Provide copy of form to cardholder Attach original form to Cardholder Statement.
If the cardholder resolves the issue, no further action is required.

FOR APPROVER OR MANAGER USE ONLY: Complete the section below if the cardholder doesn't take action to remedy the situation appropriately. Forward the form to the university p-card administrator for requested action noted below:

The cardholder has not remedied the non-compliance issue specified above. Our department requests the following action:

- Warning letter to cardholder from university administrator warning of account suspension if issue continues-
- Suspend p-card immediately for period of _____ (no less than 1 month)
- Other _____

► Approver Signature _____ ► Manager Signature _____

If action is required, please email completed to pcard@boisestate.edu Original form is retained by department

Purchasing Use Only: Date Form Rec'd _____ Action Taken: _____