

# CARDHOLDER MONTHLY STATEMENT CHECKLIST

## Elected & Appointed Officials

Cardholder Name: Joyce Clark Statement Date: 10/14/17-11/13/17

Statement Amount: \$0

Department Liaison Name: Denene Nolder

Complete the attached checklist by checking the appropriate box and attach to the front of your monthly statement (**Cost Allocation Detail Report**). By signing the document, the cardholder certifies compliance with the requirements.

- Yes, the statement reflects the correct billing cycle. The billing cycle period should only be for one month (i.e. 10/14/15 to 11/13/15.) Incorrect statement periods will not match budget control report postings.
- Yes, all purchases are an appropriate use of City funds.
- Yes, all receipts and written explanations are attached for each item listed on the statement.
- Yes, the attached receipts match the dollar amount of each item listed on the statement.
- Yes, the receipts and/or the Procurement Card Lost Receipt form provide detailed evidence of what was purchased and cardholder and supervisor signed the form.
- Yes, none of the purchases was over the small purchase threshold (requiring a purchase order or check request), unless a Statement Supplement form (\$5,000 and over) is attached.
- Yes, the procurement card was used for City business and not used to make personal purchases.
- Yes, only the cardholder used the procurement card.

Joyce Clark 11/20/2017  
Cardholder's Signature/Date

Vivian J. [Redacted] 12-12-17  
Reviewer's Signature/Employer's Date

I certify the purchase and receipt of the materials/services listed on the attached statement. The items meet specifications, are for the use of the City, and have been purchased within the procedures of the Cardholder Agreement and Procurement Card Manual.

I am an authorized signer per the provisions of the Procurement Card policy. Appropriate documentation is attached verifying the product/service purchase, vendor, cost and receipt.

Distribution: Forward the entire packet to the department liaison indicated above.