UNIVERSITY OF NORTH CAROLINA
SCHOOL OF THE ARTS

P-Card Reconciliation Report Cover Sheet

Department: _____

Date on Banner P-Card Report: _____

Person Completing Form: _____

Please refer to the P-Card Reconciliation Calendar to see when this report is due to the Purchasing Department. Submit the signed reconciliation report cover sheet and P-Card transaction report directly to the Purchasing Card Manager.

The P-Card Coordinator must complete each of the following for every transaction listed on the Bank of America Works Payment System:

- Attach an itemized receipt /invoice in the Bank of America Works electronic system for every transaction listed. If the receipt / invoice is missing, then a Missing Receipt Affidavit will need to be completed and attached in its place.
- Attach required supporting documentation when applicable (i.e. IT approval request, Facilities approval, Purchasing approval, advertisements, travel authorization, attendee lists for food purchases, etc.)
- Confirm that NC Sales Tax has not been added to the receipt / invoice.
- Ensure that the cardholder provided the purpose for the expense.
- Ensure that the following, if required, are denoted for each transaction:
    - State, GA, or Cooperative Contract Information
    - **G.S. 116-13** justification and documentation for pricing
    - Immediate need

A P-Card Reconciliation Packet will only be deemed COMPLETED if all of the above are done.   Failure to complete your P-Card Reconciliation Packet in the appropriate manner can lead to Coordinator Violations and loss of responsibilities - if the problem is on-going.

By signing below, I certify that I have reviewed and approve all charges in compliance with UNCSA Purchasing Policies and the Policies and Procedures as set forth in the P-Card User's Manual.

_____   _____
P-Card Coordinator's Signature   P-Card Coordinator's Printed Name

_____   _____
Department Head's Signature   Department Head's Printed Name

_____   _____
Provost / VC of F&A / Chief of Staff Signature   Provost / VC of F&A / Chief of Staff Printed Name
or Delegate   or Delegate

FOR PURCHASING CARD MANAGER USE ONLY: Reviewed by: _____

DATE RECEIVED: _____   COMPLETED: ☐ Yes ☐ No