

Cardholder's Name: _____
 (Last Name - First Name - Middle Initial)



PROCARD EXPLANATION/JUSTIFICATION AFFIDAVIT

University of Massachusetts Amherst

The Cardholder has been cited by Post Audit for the instances of non-compliance with Procurement policy described below. Please complete and sign the non-highlighted sections of this form, and mail to *Controller's Office, Accounts Payable, Goodell Building, Attn.: Jayne Krause*, for review and possible action, BY _____. See other side of form for instructions. **Failure to return the completed form by the due date will result in the ramifications associated with an instance of non-compliance to the record management policy, up to and including the cancellation of your Procurement Card.**

UM CARD ACCT. NO:	TODAY'S DATE:
POST AUDITOR: TEL: 5-4710	CARDHOLDER'S TELEPHONE #:

DESCRIPTION OF PROCARD INSTANCE(S) OF NON-COMPLIANCE:

Vendor Name(s)	Transaction Date(s)	Transaction #(s)	Total Transaction Charge
1)			\$
2)			\$
3)			\$
4)			\$

Instance #	CARDHOLDER'S EXPLANATION/JUSTIFICATION (an attached sheet may be used, if necessary):

Date:	Cardholder's Signature:
Date:	Reporting Authority's Signature:

Date:	Signature - Controller/Dir. of Procurement
Recommended Action:	

Procard Explanation/Justification Affidavit

INSTRUCTIONS FOR COMPLETION OF FORM

Purpose of Form: To be completed by Cardholder to explain/justify non-compliance with Procard Policy as outlined in the Procard Guide. The form **MUST** be completed if requested by Post Audit. Or, if Cardholder realizes that (s)he is not in compliance with policy prior to being cited by Post Audit for the instance of non-compliance, the Cardholder may voluntarily complete the form and submit it to Post Audit.

To be completed by Cardholder:

1. Complete one form for each instance of non-compliance with Procard policy. Make sure that both the Cardholder and the Cardholder's reporting authority sign the form.
2. Retain a copy of the form for Cardholder's files.
3. Submit the remaining copies of the form to the Controller's Office, c/o Post Audit, Accounts Payable, and Goodell Building, **PRIOR TO THE DUE DATE INDICATED AT THE TOP OF THE FORM** (if applicable).
4. Failure to complete and submit the completed affidavit in a timely manner will result in action being taken against Cardholder's Procard, up to, and including, cancellation of the card.
5. The form will be reviewed by the Controller/Director of Procurement (or his/her designee). If no further action is necessary, your form (s) will be placed on file in Accounts Payable. If action is to be taken against Cardholder's Procard, a copy of the form w/recommended action will be sent to the Cardholder and to the Cardholder's Records Manager (to be attached to the appropriate receipt in the Cardholder's file).