

**University of Massachusetts
Amherst Controller's Office
ProCard Record Archive Submission Form
Fiscal Year _____
Use for Hard Copy Records**

This form should be completed prior to hand carrying records to the Controller's Office. Include one copy that can be signed by the Controller's Office at the time of submission. **It is important that you obtain a copy of this form signed by the Controller's Office as your receipt that files have been submitted.**

Fiscal Year to Archive (Enter 4 digit year, yyyy) July 1, _____ to June 30, _____

Procard number – last four digits _____

Print Name of cardholder for this submission _____

Name of record manager for this submission _____

**Acknowledgment of a submission is being made without validation for completeness.

Signature and date of Controller's Office staff receiving submission: _____

Statement Period End Date	Submitted by Department Y/N	Received by Controller's Office Y/N
July 15,		
August 15,		
September 15,		
October 15,		
November 15,		
December 15,		
January 15,		
February 15,		
March 15,		
April 15,		
May 15,		
June 15,		

Signature and date of Controller's Office staff who completed the validation: _____

=Shaded areas to be completed in the Controller's Office.

**The Controller's Office will log in files and contact the record manager if any additional work is needed.