

# PROCARD EXPLANATION/JUSTIFICATION AFFIDAVIT

University Of Massachusetts Amherst

An instance of non-compliance with Procard policy has been identified. Please complete the form, obtain signatures, and keep the form with the cardholder's Procard records.

If a reimbursement is required, please mail this form and a check payable to the "University of Massachusetts-Amherst" to Denise Storm, Controller's Office, Mass Venture Center, 100 Venture Way, Suite 201, Hadley MA, 01035-9462. Keep a copy with the cardholder's Procard records.

**Procard - Last Four Digits of Card:** \_\_\_\_\_ **Statement Date** \_\_\_\_\_

**Cardholder Name** \_\_\_\_\_

**DESCRIPTION OF PROCARD INSTANCE(S) OF NON-COMPLIANCE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Name(s)	Transaction Date(s)	Transaction (s)	Tax Amount to Recover	Total Transaction Charge
1)				
2)				
3)				

**Cardholder's Acknowledgement of Policy and Explanation/Justification** (an attached sheet may be used if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_\_ **Cardholder's Signature** \_\_\_\_\_

**Cardholder's Supervisor/Reporting Authority:**

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**FOR INTERNAL USE ONLY – CONTROLLER'S OFFICE – PROCARD AUDIT**

**Date** \_\_\_\_\_ **Signature of Controller or Audit & Compliance Manager** \_\_\_\_\_

**Recommended Action:**  
\_\_\_\_\_  
\_\_\_\_\_