

PROCARD EXPLANTION/JUSTIFICATION AFFIDAVIT
University Of Massachusetts Amherst

The Cardholder has been cited by Post Audit for the instances of non-compliance with Procard policy described below. Please complete and sign the non-highlighted sections of this form, and mail to *Controllers Office, Accounts Payable, Goodell Building, Attn: Jayne Krause*, for review and possible action, BY . See other side 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 Procard.**

UM Card #:	Date:
Post Auditor: TEL: 5-1429	Cardholder tel:

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)				
4)				
5)				

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
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Recommended Action: