

PROCARD EXPLANATION/JUSTIFICATION AFFIDAVIT

University Of Massachusetts Amherst

An instance of non-compliance with Procard policy has been identified and is described below. Please complete and obtain signatures for all sections of this form. Please keep the original copy of this form with the cardholder's Procard records.

If a reimbursement is required, please mail the original of this form with a check payable to the "University of Massachusetts – Amherst" to *Holly Lankowski, Procurement, 405 Goodell Building*. In this instance, keep copies for the cardholder's Procard records.

Last Four Digits of ProCard:	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)				
4)				
5)				

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

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

Date:	Signature – Controller/Dir. Of Procurement
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Recommended Action: