

CERTIFICATION OF RECEIPT OF MONTHLY PROCARD LOGS

This form must be completed and sent to the ProCard Office (fax, email, or campus mail) within 45 days of the statement date. **NOTE:** Please use the "ProCards by Department" report from University Reports to ensure that all active cards have been reviewed.

Billing Cycle Month: _____ Year: _____

Unit / Department Name: _____

Department Number(s): _____

ProCard Liaison Name: _____

VP/Dean Name: _____

Choose One:

As the ProCard liaison, I certify that I have received all signed and completed Transaction Summary Logs for the above named unit.

As the ProCard liaison, I certify that I have received all signed and completed Transaction Summary Logs for my unit, **EXCEPT: (The cards listed below will be suspended by the ProCard Office upon receipt of this form.)**

| Cardholder <i>LAST</i> Name | Cardholder EmplID | Last 4 digits of card number |
|-----------------------------|-------------------|------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

As the VP/Dean, I have reviewed this document and am aware the cards listed above will be suspended by the ProCard Office. (The Provost will receive a monthly report of suspended cards.)

VP/Dean Signature (*Chair should sign for School of Medicine*) Date

ProCard Liaison Signature Date