

Monthly Documentation Submission

Due the 2nd Friday of each month

Cover Sheet

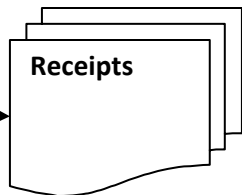
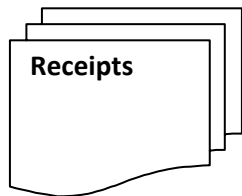
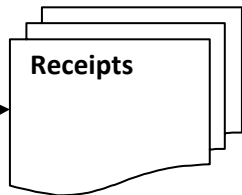
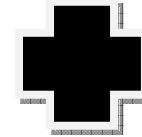
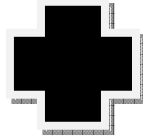
The cover sheet is a form titled "PROCUREMENT CARD AUDIT RECONCILIATION" from Loyola University Chicago. It includes fields for the cardholder's name, employee ID, department, and campus. Below these fields is a list of instructions for the cardholder to follow, such as "This document certifies that you, as the cardholder, are in compliance with all requirements" and "I certify that the information provided is true and accurate." There is a signature line at the bottom.

Available at luc.edu/finance/procard.shtml

Monthly Statement

A screenshot of a PNC Monthly Statement for October 2017. The statement lists various transactions with columns for Card No., Cardholder, Card No., Cardholder Name, Statement Dates, Balance, and Billed. It includes a total balance of \$100.00 and a list of transactions such as "PNC BANK OF AMERICA" and "PNC BANK OF AMERICA".

See Appendix G for printing instructions



Please email your monthly documentation submission (one file per user per month) to ProCard-Admin@luc.edu



PROCUREMENT CARD AUDIT RECONCILIATION

Reconciliation Month: **Month of Submission (by calendar month, not billing cycle)**

Cardholder Name: **Printed Name** Employee ID: _____

Department: _____ Extension: _____

Campus: _____ Building: _____ Room: _____

This document certifies that you, as the cardholder, are in compliance with all Procurement Card policies and procedures for the above reconciliation period. Such compliance pertains, but is not limited, to the following key concepts:

- Cardholders are responsible for following Payment Card Industry Data Security Standards (PCI-DSS). Please see Procurement Card Policy and Procedure Manual for more details.
- Transactions made with a ProCard have ONLY been processed by the person to whom the card was issued.
- All transactions have been reviewed and allocated to the proper Accounting Unit and Account.
- A description and business purpose has been noted in ActivePay for each transaction.
- Notes on hosted events or entertainment expenses list the names of all individuals present, their affiliation with Loyola and the business purpose.
- Sales tax has NOT been charged or reimbursement has been requested for sales tax charged in error.
- While traveling on behalf of the University, I did NOT exceed the specified meal Per Diem rates. *(Please note: any amount over the Per Diem rate is considered contrary to policy and must be refunded to the University.)*
- All expenses have a legitimate business purpose and are in compliance with the University's *Travel and Business Expense Policy*.
- No personal expenses have been charged to the ProCard.
- Support (receipts, invoices and/or confirmation documentation) is present for each transaction and is attached to my ProCard Statement in an organized fashion.
- Copies of my statement and all supporting documentation have been retained for my records.

Cardholder Signature: **X signature** Date: _____

SIGNED COVER SHEET REQUIRED FOR EVERY MONTHLY SUBMISSION



PNC BANK
 PO BOX 828702
 PHILADELPHIA PA 19182-8702

MEMO STATEMENT

ACCOUNT NUMBER XXXX XXXX XXXX 8586

STATEMENT DATE 03-27-13

TOTAL ACTIVITY \$86.95

**** MEMO STATEMENT ONLY **
 DO NOT REMIT PAYMENT**

MARTIN RIVERA JR
 TAX EXEMPT E9989-4408-06
 820 N MICHIGAN AVE
 CHICAGO IL 60611-2147

** 0000000

CARDHOLDER SUMMARY

MARTIN RIVERA JR XXXX XXXX XXXX 8586	Purchases And Other Debits	+	Cash Advances	-	Credits	=	Total Activity
Cardholder Total	\$86.95		\$0.00		\$0.00		\$86.95

CARDHOLDER ACTIVITY

Post Date	Tran Date	Reference Number	Transaction Description	Amount
02-28	02-27	2443106305990000016509	METRA UNION STATION CHICAGO IL Purch ID 00001650 Sales Tax \$0.00	4.75
02-28	02-27	24755423059730595228522	PARKING GARAGE MAYWOOD IL Purch ID Sales Tax \$0.00	5.00
02-28	02-27	24412893058980003791948	TAXICAB TRANSPORTATION CHICAGO IL Purch ID 514100 Sales Tax \$0.00	9.05
03-11	03-08	24231683068200654273639	ZIPCAR INC. 866-494-7227 MA Purch ID VTYAA6DDDFD53 Sales Tax \$0.00	17.92
03-11	03-07	24231683067200671625010	ZIPCAR INC. 866-494-7227 MA Purch ID VSJAA4EF8C85 Sales Tax \$0.00	25.00
03-12	03-11	24755423071730714623458	PARKING GARAGE MAYWOOD IL Purch ID Sales Tax \$0.00	5.00
03-12	03-11	24427333070720004630800	PANERA BREAD #788 RIVER FOREST IL Purch ID 01403680788VPTY7000431126 Sales Tax \$0.00	10.23
03-13	03-11	24053303071787111000352	CTA-CHICAGO STATE 11025 CHICAGO IL	10.00

**INCORRECT STATEMENT FOR
 SUBMISSION**

Monthly Statement

First Name	Last Name	Posting Date	Merchant Name	Transaction Amount	Sales Tax	Accounting Unit	Account Code	Note
MARTIN	RIVERA JR	10/3/2013	DIRECT PROMOTIONALS	610.00	0.00	100808	6201	magnets for Payroll (disbursement event)
MARTIN	RIVERA JR	10/23/2013	AMERICAN PAYROLL ASSOCIAT	495.00	0.00	100800	6310	enrollment fee for [REDACTED] for Payroll seminar(au transfer to 100800-6310 via email from [REDACTED] on 11/06/13@12:02pm----M.R. PCA)
MARTIN	RIVERA JR	10/23/2013	AMERICAN PAYROLL ASSOCIAT	415.00	0.00	100800	6310	enrollment fee for [REDACTED] for Payroll seminar(au transfer to 100800-6310 via email from [REDACTED] on 11/06/13@12:02pm----M.R. PCA)
MARTIN	RIVERA JR	10/24/2013	PARKING GARAGE	5.00	0.00	100808	6300	parking at Maywood for P Card Training
MARTIN	RIVERA JR	10/25/2013	ZIPCAR INC.	55.60	0.00	100808	6310	fee for late car return (zipcar) during Maywood P card training
MARTIN	RIVERA JR	10/25/2013	ZIPCAR INC.	16.80	0.00	100808	6310	Maywood P Card training
MARTIN	RIVERA JR	10/28/2013	MRS PRINDABLES	467.00	0.00	100808	6310	taffy apples for payroll (disbursement event)

CORRECT STATEMENT FOR SUBMISSION

EXAMPLES OF CORRECT P-CARD RECEIPTS:

MEALS

(1) itemized receipt

CHECK # 928874 DATE 4/30/14
TABLE # 22 TIME 8:32AM

-- TO GO : Break ToGo --

ITEMS ORDERED AMOUNT

2 EGGZ BENEDICT 21.90
2 COFFEE 4.50

SUBTOTAL 26.40
TAX 2.38

TOTAL DUE 28.78

OF GUESTS 2

poor phil's
shell bar <> espresso bar <> wine bar
ice cream & dessert bar

the dennis and bunny murphy family
thankin'ya & servin'ya since 1962

K.I.S.S.?

(1) payment receipt

DATE 4/30/14 TIME 8:34:21AM
MID 000805334885 542929805334885

PoorPhil's
139 S. Marion
Oak Park, IL
60302
708-848-0871

VISA XXXXXXXXXXXX8150 S
AUTH 026012 TBL 22 CHECK 928874
PRE-AUTH TO GO Break ToGo

LYK ID#: 00337580

AMOUNT 26.40
TAX 2.38

SUBTOTAL \$ 28.78
TIP \$ 6.00
TOTAL \$ 34.78

CUSTOMER COPY

1. Both itemized and payment receipt for sit down meals/restaurant purchases

2. List of attendee(s) for entertainment/dinner/meals: either written on receipt OR PNC ActivePay 'note' section.

AIRLINE (TRAVEL)

AA eTicket

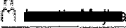
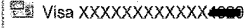
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Record Locator **PJBRDH** 

Itinerary

Carrier	Flight #	Departing	Arriving	Fare Code
 American	1574	CHICAGO OHARE WED 30OCT 5:50 PM	PHILADELPHIA WED 30OCT 8:45 PM	Q
	Seat 30F	Economy	FF#: 657UHJ4	
 American Airlines	4317	PHILADELPHIA MON 04NOV 6:00 AM	CHICAGO OHARE MON 04NOV 7:10 AM	Q
	Seat 20A	Economy	FF#: 657UHJ4	Food For Purchase
OPERATED BY REPUBLIC AIRLINES AS AMERICAN EAGLE				

Receipt

Passenger	Ticket #	Fare-USD	Taxes and Carrier-Imposed Fees	Ticket Total
	0012383173637	275.34	42.46	317.80
	Visa XXXXXXXXXXXXXXX			\$ 317.80

Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE -ORDPHL-No free checked bags/ American Airlines BAG ALLOWANCE -PHLORD-No free checked bags/ American Airlines 1STCHECKED BAG FEE-ORDPHL-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 1STCHECKED BAG FEE-PHLORD-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-ORDPHL-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM 2NDCHECKED BAG FEE-PHLORD-USD35.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

Electronic tickets are NOT TRANSFERABLE. Tickets with nonrestrictive fares are valid for one year from original date of issue. If you have questions regarding our refund policy, please visit www.aa.com/refunds.

To change your reservation, please call 1-800-433-7300 and refer to your record locator.


1. Documentation must contain the travel information:

- a. Passenger Name
- b. Travel Date
- c. Destination/Origin
- d. Class (e.g. Economy)
- e. Total Amount


LODGING

(1.)

(2.)



Hampton Inn & Suites Cleveland/Beachwood
3840 Orange Place • Beachwood, OH 44122
Phone (216) 831-3735 • Fax (216) 831-3738



Official Sponsor

name address EVANSTON, IL 60201 US	room number: 515/SXQL arrival date: 5/20/2014 3:43:00PM departure date: 5/23/2014 adult/child: 1/0 room rate: ** \$127.30	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
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RATE PLAN S-ARP HH# 432699682 SILVER AL UA #0096854810 BONUS AL CAR	Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part of the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here: <input type="checkbox"/>
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Confirmation: 85212134

5/23/2014 PAGE 1


date	reference	description	amount
5/20/2014	890632	GUEST ROOM	\$127.30
5/20/2014	890632	CITY TAX	\$3.82
5/20/2014	890632	STATE TAX	\$10.18
5/20/2014	890632	HOTEL TAX	\$7.00
5/21/2014	890981	GUEST ROOM	\$127.30
5/21/2014	890981	CITY TAX	\$3.82
5/21/2014	890981	STATE TAX	\$10.18
5/21/2014	890981	HOTEL TAX	\$7.00
5/22/2014	891241	GUEST ROOM	\$120.60
5/22/2014	891241	CITY TAX	\$3.62
5/22/2014	891241	STATE TAX	\$9.65
5/22/2014	891241	HOTEL TAX	\$6.63
WILL BE SETTLED TO VS *4363 EFFECTIVE BALANCE OF			\$437.10 \$0.00
ESTIMATED CURRENCY TOTAL			

You have earned approximately 4314 Hilton HHonors points and approximately 375 Miles with United Airlines for this stay. Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900 hotel

for reservations call 1.800.hampton or visit us online at hampton.com

account no.	date of charge	folio/check no. 271127 A
card member name	authorization	initial
establishment no. and location	establishment agrees to transmit to card holder for payment	purchases & services
		taxes
		tips & misc.
signature of card member X	total amount	0.00

Sheraton Lake Buena Vista Resort
12205 S Apopka Vineland Road
Orlando, FL 32836
407-239-0444
<http://www.sheraton.com/safari>



Sheraton
HOTELS & RESORTS

Rivera, Martin	Page Number 1	Invoice Nbr 1000037588
Orbitz LLC	Guest Number 574213	Arrive Date 02-17-2013
500 W. Madison	Folio ID A	Depart Date 02-20-2013
Suite 1000	No. Of Guest 1	
Chicago, IL 60661	Room Number 1211	
	AR Account 7934 - Orbitz / Travelweb	
	Time 02-20-2013 10:20	

Information Invoice

Date	Reference	Description	Charges	Credits
For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.				
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00

52-2275057

Tell us about your stay. www.sheraton.com/reviews

1. Itemized receipt required per IRS Regulation [Section 1.274-5I(2)iii(B)]

2. If lodging was booked with 3rd party vendor (Orbitz, Expedia, etc.) than no itemized receipt will be provided by hotel.

PLEASE NOTE: Check-out documentation is required for submission on 3rd party lodging purchases (example 2).

PCI COMPLIANCE

6632

DATE 03/12/14 SERVER/CASHER 28

EXPIRATION DATA AUTHORIZATION NO. REFERENCE NO.

CHECKED

5707066

QTY.	DESCRIPTION	AMOUNT
		327.
		10.00
SALES SLIP	TAX	
	TIP MISC.	
	TOTAL	427.00

PURCHASER SIGN HERE

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS

CUSTOMER COPY

For PCI compliance, cardholders must remove ALL sensitive card data from receipts prior to submitting:

Sensitive Card Data

1. Full Card Number (Last four digits are OK)
2. 3-digit CVV/CVC codes
3. Expiration Date