

Template for Documenting Restricted PCard Purchase

Date: _____

Type of Policy Violation: _____

Last 4 digits of PCard No. _____ Cardholder name: _____

Delegated Purchaser Name (if applicable): _____

Transaction ID#: _____ Transaction Amount: _____

Purchase Description:

Source of funding (include program/budget/project): _____

Explanation for PCard Policy Violation (see BPPM 70.08):

Department Number: _____

Department Name: _____

Cardholder Signature

Approving Official Signature