

PCARD SELF-REPORTING VIOLATION

DATE:					
FROM:	Responsible User		Employee ID Number		
	Responsible Cardholder (if different than user):				
	PCard Liaison:				
	Fiscal Officer:				
	Department Head/	Director:			
то:	Financial Compliand	ce			
DEPARTMENT NAME:			DEPARTMENT NUMBER:		
Name on Card (exactly as it appears):			Last 4 Digits:		
RE:		Post Date			
		eDoc Number			
		Merchant			
		Amount			
THE FOL	LOWING POLICY WA	S VIOLATED (PLEASE CHECH	K ONE):		
Policy		able Expenditure: Personal ture, pyramiding, Single Tra			
Summar	y Explanation: (Pleas	e attach additional page if t	he space provided is insufficient)		

REQUIRED SIGNATURES

By signing and submitting this letter that the appropriate University/PCa	-	• •	
☐ All relevant PCard documer	ntation for this transaction, inclu	uding copies of itemized receipts, is	
attached to this form.			
For a violation that require processed on edoc		versity, the reimbursement was	
☐ The employee agrees to a pa	ayroll dedcution of		
	the University was not complete mpliance, a payroll deduction w	ed at the time the self-report violation	า
☐ Depending on the severity a		cial Compliance reserves the option	
RESPONSIBLE USER:			
Name	Signature	Date	_
RESPONSIBLE CARDHOLDER (IF DIF	FERENT FROM USER):		
Name	Signature	Date	_
PCARD LIAISON:			
Name	Signature	Date	_
FISCAL OFFICER:			
Name	Signature	Date	_
DEPARTMENT HEAD/DIRECTOR:			
Name	Signature		_

Attach a copy to the eDoc in UAccess Financials under Notes and Attachments and AddHoc to group 1062191 FNSV AP Financial Compliance. Step by step instructions are available on the <u>Self-Reporting</u> <u>Violations web page</u>.