

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

, , ,	letter we acknowledge that a violation with the violation of the violation of the violation in the violation of violation	• •			
☐ All relevant PCard doc	All relevant PCard documentation for this transaction, including copies of itemized receipts, is				
attached to this form.	attached to this form.				
For a violation that r	equires reimbursement to the Univ	versity, the reimbursement was			
☐ The employee agrees t	o a payroll dedcution of				
	nt to the University was not complete al Compliance, a payroll deduction w	ed at the time the self-report violation vill automatically be processed			
· -	erity and number of violations, Finand d, 2) Cancel the card, 3) Suspend the				
RESPONSIBLE USER:					
Name	Signature	Date			
RESPONSIBLE CARDHOLDER (I	F DIFFERENT FROM USER):				
Name		 Date			
PCARD LIAISON:					
Name	Signature	 Date			
FISCAL OFFICER:					
Name	Signature	Date			
DEPARTMENT HEAD/DIRECTO	R:				
Name	Signature	 Date			

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