**ADAMS STATE COLLEGE**

**PROCUREMENT CARD PROGRAM VIOLATION WARNING**

This form is required for any PROCARD transaction where a violation has occurred.

Note: Violations could result in revocation of the PROCARD.

<table>
<thead>
<tr>
<th>INFORMATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardholder Name: ________________________</td>
<td>Department Name: ________________________</td>
<td></td>
</tr>
<tr>
<td>Cardholder’s Approving Official Name: _______________________________________</td>
<td>Today’s Date: ________________________</td>
<td></td>
</tr>
<tr>
<td>Transaction ID #: ________________________</td>
<td>Transaction Date: ________________________</td>
<td></td>
</tr>
<tr>
<td>Merchant Name: ________________________</td>
<td>Transaction Amount: $__________________________</td>
<td></td>
</tr>
</tbody>
</table>

**TYPE OF VIOLATION**

The following PROCARD violation has been found in reference to the above transaction and no written waiver from Procurement Card Program Administration has been given.

Approving Official Instructions– obtain information from the Cardholder about why this purchase was made on his/her PROCARD.

Mark the appropriate category below.

- **PERSONAL PURCHASE** - proof of repayment or credit transaction reference must accompany this form.
- **LACK OF DOCUMENTATION AFTER 30 DAYS** (Note: Attach Unavailable Documentation Form also.)
- **CASH TRANSACTION**
- **SPLIT PURCHASE – ITEM OVER $4,999 OR GROUP OF ITEMS TOTALING OVER $4,999**
- **FURNITURE**
- **LONG DISTANCE & PAY PHONE CALLS where no itemized billing is provided**
- **TRAVEL & TRAVEL RELATED EXPENSES for either employee or non employee**
  - **Airfare**
  - **Vehicle Rental**
  - **Restaurant Meals**
  - **Lodging**
  - **Parking, ground Transportation & misc.**
- **VEHICLE EXPENSES** – service station transactions, auto parts, vehicle repairs maintenance, rental
- **ALCOHOL FOR CONSUMPTION**
- **INAPPROPRIATE PURCHASES/EXPENSES** – not in accordance with specific campus controller policy
- **DRUG ENFORCEMENT AGENCY LICENSED SUBSTANCE**
- **SERVICES FROM A SOLE PROPRIETOR - 1099 REPORTABLE SERVICES**
- **CONTRACT REQUIRING AUTHORIZED SIGNATURE**
- **UNALLOWABLE PURCHASE UNDER THE TERMS OF APPLICABLE SPONSORED PROJECT**
- **TAXES BEING CONSISTENTLY CHARGED** – cardholder does not let vendors know to exempt tax
- **OTHER (Specify): _______________________________________**

**CARDHOLDER EXPLANATION** – Explain why this purchase was made on a College credit card and information on what has been done to correct the situation. Attach additional sheet if necessary.

________________________________________________________________________

________________________________________________________________________

**APPROVING OFFICIAL DETERMINATION, CERTIFICATION SIGNATURE, ACTION** - Mark appropriate category and take the actions listed. **Instructions** – 1) obtain the Cardholder’s signature on this form, 2) deliver this completed form, along with a copy of the documentation/receipt for the above transaction to Purchasing, 3) keep a signed copy of this completed form with the Cardholder’s Statement attached to the transaction documentation/receipt, 4) give a copy of this form to the Cardholder.

- The above transaction is a violation of the PROCARD policies and the Cardholder has been warned through the use of this form.
- The above transaction is a violation of the PROCARD policies and I hereby request the ASC Procurement Card Program Administrator to revoke this card at this time.

**APPROVING OFFICIAL NAME:** ________________________ **SIGNATURE:** ________________________ **DATE:** ________________________

**CARDHOLDER CERTIFICATION SIGNATURE** – I hereby acknowledge that the above transaction is in violation of the PROCARD policies. I further acknowledge that repeated violations could result in revocation of my PROCARD. I further acknowledge that I have been warned through the use of this form. I understand that I am permitted only to make purchases that are in compliance with PROCARD most current policies.

| Cardholder Name: ________________________ | Signature: ________________________ | Date: ________________________ |
|-------------------------------------------------|----------------------------------|_______________________|

Form L
Rev:0404