

# PCARD PROCEDURES

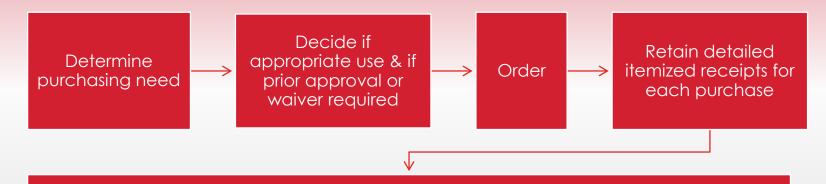
Placing Orders
Online Reconciliation
Statement of Account
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Contacts
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### PLACING ORDERS

REFER TO PROGRAM MANUAL, PURCHASING POLICY, TRAVEL POLICY, HOSPITALITY POLICY

\* POLICIES EXPENDITURES



Bill to/ship to instructions:

California State University, Northridge 18111 Nordhoff Street

Northridge, CA 91330-Department Mail Drop Code

Attention: Cardholder's Name

If you purchase from an out-of-state vendor, you are responsible for sales tax (9.50%). Tax will be added once transaction is posted to the GL.



### ONLINE RECONCILIATION

Upon completing transaction(s), Cardholder begins reconciliation in <u>Access Online</u>:

- Code appropriate chartfield values
- Enter appropriate purchase description
- Approve transaction
- Save receipt
- Promptly address disputes, missing receipts, or fraud
- Report disputes in <u>Access Online</u> if cannot resolve with merchant
- If lost/missing receipt or vendor fails to forward:
  - Complete <u>Lost/Itemized Receipt Form</u>
  - Notify vendor to send original, itemized receipt/invoice & forward to <u>tuc.pcard@csun.edu</u>





# STATEMENT OF ACCOUNT

VERIFY TRANSACTIONS ARE CODED & APPROVED

When Statement posts around 18th of the month at close of monthly billing cycle\*:

Sign **US Bank Statement Account Activity** page

Ensure legitimate purchases, accurate amounts

Detailed **Receipts/Invoices** matched to statement

Verify Chartfield codes and Description are entered on each transaction

Verify all transactions are **Approved** 

Gather PDF or JPG of legible receipts which match the US Bank total

Show items purchased, tax, shipping, total, name/address and dates

Receipt for every transaction, include any refund invoices or emails

Packing slips, itineraries, and confirmation notices are not valid receipts

Complete the Lost/Itemized Receipt Form for any missing receipts

\*TUC will send Email reminder



### RECONCILIATION PACKET





Gather & send documentation to <a href="mailto:tuc.pcard@csun.edu">tuc.pcard@csun.edu</a>:

- Statement/activity report (signed)
- Cardholder Statement of Disputed Items (if applicable)
- Original Receipts/Invoices copies in statement order (PDF or JPG)

Note: If cardholder is not PI, have PI sign Statement as Supervisor.

### Packet is due to TUC within 6 days after cycle close

Appropriately sign & support to ensure continued use of P-Card. Incomplete packets may result in suspension of charging privileges until resolved.



# APPROVER PROCEDURES



View/approve cardholder transactions in Access Online



Verify itemized receipts/invoices & supporting documentation are attached



2 Days to Approve Transactions



Submit completed packet to <a href="mailto:tuc.pcard@csun.edu">tuc.pcard@csun.edu</a> before 6th day after cycle closes



If approvers will be out of office & unable to approve transactions by deadline, provide email authorization ahead of time to <a href="mailto:tuc.pcard@csun.edu">tuc.pcard@csun.edu</a>



## PROBLEMS/CHANGES



Disabled Login Password - Contact Access Online Help Desk 1-877-887-9260 to reset password.



Declined Charge - Contact TUC P-Card Coordinator



Lost Card -Immediately call US Bank 1-800-344-5696 & Notify the P-Card Coordinator



Worn/Defective Cards - Request replacement from P-Card Coordinator & Destroy card



Transfer/Termination - Provide receipts to Approver, Return card to P-Card Coordinator or department





#### Questions, Requests, Limit Adjustments, Declines, Account Updates:

TUC P-Card coordinator email: <a href="mailto:tuc.pcard@csun.edu">tuc.pcard@csun.edu</a>

Urgent matters only: Dustin Abad at ext. 7077 or call (818) 677-5298

#### US Bank-General/Password/Fraud/Lost or Stolen Cards/Disputed Items:

Online: Client support | US Bank

General Account Inquiries: 800-344-5696 / 701-461-2010

Password Resets/General Navigation: 877-887-9260 / 701-461-2028

Address: Cardmember Service P.O. Box 6335 Fargo, ND 58125-6335

Fax: 866-229-9625

**Note:** Have card number & security code ready.

(A substitute security code was given to you previously.)

Do <u>not</u> use personal information (mother's maiden name, social security #)



### EXAMPLES

Reconciliation Code & Approve

Match Receipts to Statement

Valid Receipts

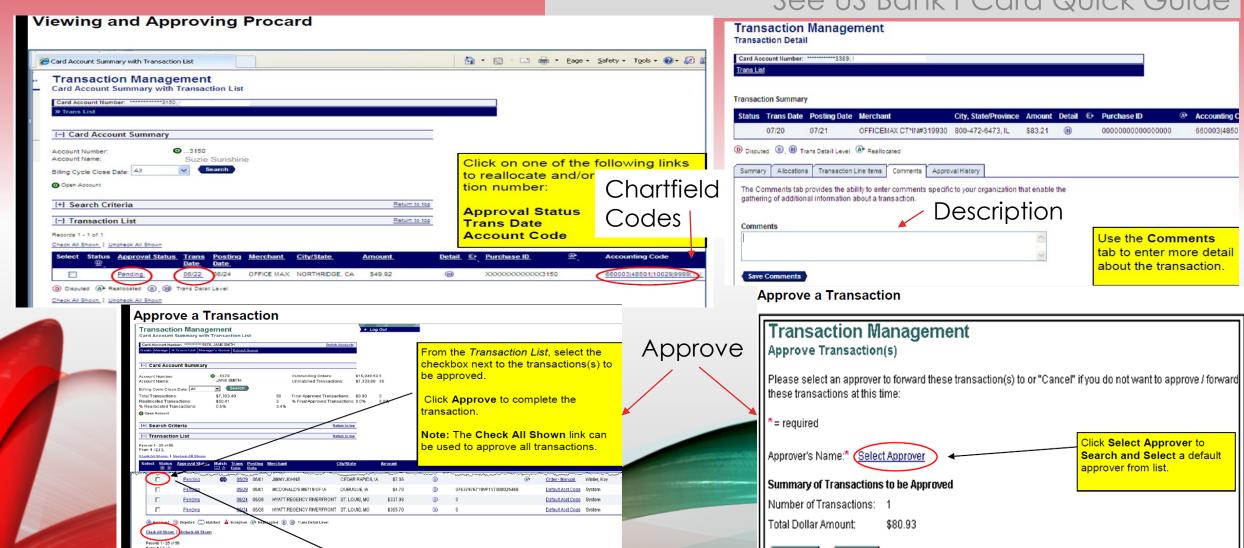
Unacceptable Receipts

Reconciliation Packet



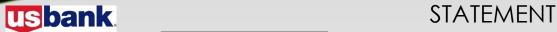
# RECONCILIATION CODE & APPROVE

See US Bank PCard Quick Guide





# MATCH RECEIPTS TO STATEMENT



Cardholder Activity EXAMPLE

Purchaser must be this cardholder

Name: Pat CardHolder

**Account Number:** \*\*9999

Cycle End Date: Open

Trans Date Posting Date	Merchant Name City/State/Prov	Transaction Total  Allocation Amount	Source Currency Accounting Code	Currency Amount
06/05/2023	Geological Society	\$140.00	USD	140.00
06/06/2023	Boulder, CO	\$140.00	#####S################################	
06/08/2023	Subscription Place	\$12.95	USD	12.95
06/09/2023	subscription.com, CA	\$12.95	######S###############################	
06/09/2023	We Sell Gloves	\$53.11	USD	53.11
06/10/2023	GlovesRUS.com, CA	\$53.11	######S###############################	
06/09/2023	Package Place	-\$49.28	USD	-\$49.28
06/10/2023	Packages.com, CA	-\$49.28	#####S################################	
Activity/Totals	Purchases	Payments		
\$156.78	\$156.78	\$0.00		
Find your Rece Ensure valid ch	\$156.78 eipts for each Transaction - narges, receipts for each –	\$0.00  - Matching Trans Date, M		
ardholder Na	me: Pat CardHolder		Signature: Pat Card H.	older



# **VALID RECEIPTS/INVOICES**& MATCHES STATEMENT – IN ORDER



----- Forwarded message -

From: GeoSociety@example.com

Date: Tue, 06/05/2023, 2:30 AM

Subject: 2023 GeoSociety Meeting Registration Confirmation

To: pat.cardholder@csun.edu

06/05/2023

ID#: 9999999

Dear Pat Cardholder,

Thank you for registering for the 2023 GeoSociety Meeting being Held on the campus of the University in Boulder, CO on 06/05/2023.

#### Welcoming Reception & Badges:

The Welcoming Reception will be hosted at the Hotel Suites, Boulder CO from 5-7 p.m. on

Date. Badges will be available for pre-registered attendees.

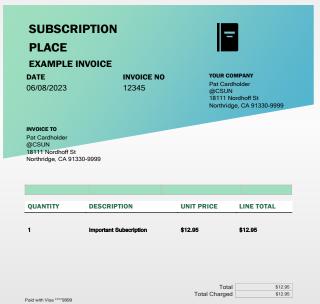
Please review this information to make sure it is correct:

Item Description Qty - Price Date

In-Person Meeting Member Pricing 1@\$140.00 date Your order total is \$140.00 with a balance of \$0.00

Paid Visa \*\*\*\*9999

-----





 Quantity
 Description
 Unit Price
 Total

 1
 Refund
 -45.00
 -45.00

 Subtotal
 -45.00
 -45.00

 Sales Tax
 -42.8

 Shipping & Handling
 -0.00

 Total Due 12.27.2012
 -49.28

Pat Cardholder

18111 Nordhoff St

Northridge, CA 91330-9999

Package Place

123 Anywhere St Northridge, CA 91326

June 9, 2023

Instructions

Package damaged, refund

Refunded to Visa \*\*\*\*9999

Thank you for your business!

Ship To

Same as recipient

We Sell Gloves 4567 Main St., Northridge, CA 91326 Phone: 818-555-5555 Fax: Fax mike@glovesrus.com



## UNACCEPTABLE RECEIPTS/INVOICES

Order Form, Quote, Packing Slip, Illegible, Missing Info (i.e. items purchased, tax, shipping, total, name/address, dates)

Log	go Wear Order Form
Submitted by	Joe Manager
Phone	808-222-2222
Email	joe@anywhere.com
Address	4561 Street
City/State/Zip	

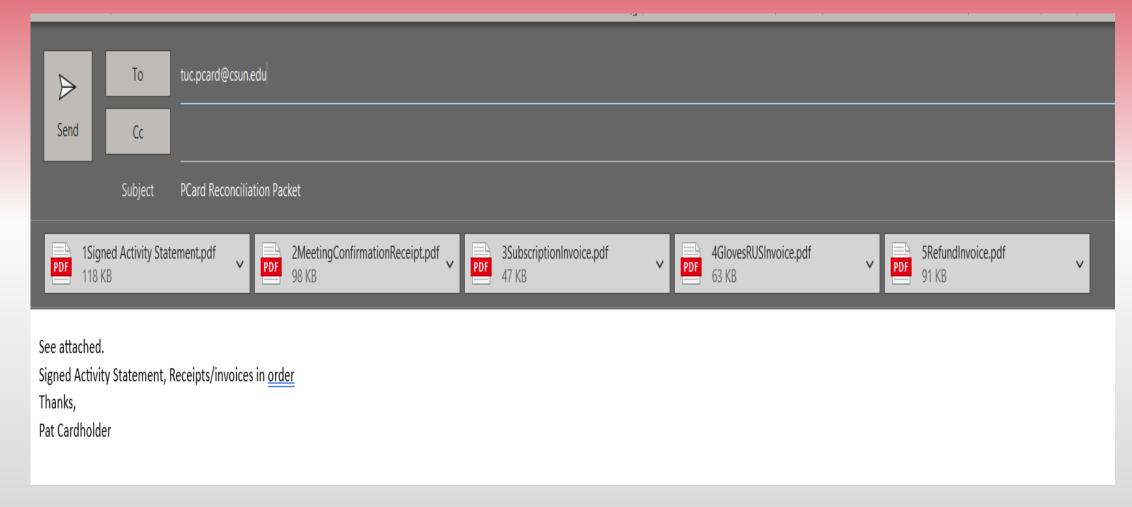
Item	Description	Size		Color	Quantity	Unit Price	Amount
		Adult/Youth	XS/S/M/L/XL/XXL	COIOI	Qualitity	Ontiffice	Amount
8	ens			Black	5		20.00

	=					
4321 Maplewood Ave., Nashville, TN 12345 (123) 456-7890  (123) 456-7891 relecloud@example.com			INVOICE # 11 Date: 1/9/2			
To: Frey Munch				Exp	oiration Date: 2	/9/2
Caneiro Group 89 Pacific Ave.						
San Francisco, CA 543: (123) 789-0123	21					
Customer ID No. 0549						
Salesperson	Job	Payment term	S	Due da	te	
Cristina Echevarría	Sales rep	Due on receipt		TBD		
Qty	Description		Unit price		Line total	
1	1 TB cloud storage		ome price	9.99	Ziiic totai	9.9
	1 15 ctodd storage			7.77		7.7
			Subtotal			9.9
			Sales Tax			0.0
			Total			9.9
Quotation prepared I	by: Cristina Echevarría					
This is a quotation or	n the goods named, subject to the	conditions noted below: All	sales final, pa	yment du	e upon receipt.	
rins is a quotation of						

	<u> </u>		•		
PA	CKI	NG SLI	P		Date: D
Your Company Street Address City, ST ZIP Co Phone Fax Number E-mail	5	SHIP TO:	Name Company Name Street Address City, ST ZIP Code Phone Customer ID: ID	BILL TO:	N Company N Street Add City, ST ZIP C Pi Customer ID
ORDER DATE		ORDER NUM	IBER	JOB	
2023		12345			
ITEM #	DESCRIPT	ION			QUANTITY
55555	Goods				10
YOUR LOG	30		Please contact C	ustomer Service at	Phone with any quest
HERE		pany slogan		THANK	or comme YOU FOR YOUR BUSIN



### RECONCILIATION PACKET



\*Documents can be sent individually as displayed above or altogether - in order - in one PDF



# THANK YOU!

