



Associated Students, Inc. ProCard Manual

The Associated Students, Inc. (ASI) ProCard Program is designed to provide an expedited method for end-users to procure low-dollar/high-volume commodities by utilizing a credit card. The ProCard Program distributes low-risk procurement authority throughout the Associated Students, Inc. Participants in this program are issued a Corporation ProCard credit card and agree to adhere to the provisions of the program.

<p><u>US Bank:</u> 24-Hour Customer Service Phone: (800) 344-5696</p>	<p><u>ASI ProCard Administrator:</u> Sara Veth sveth@csusm.edu (760) 750-4977</p>
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Section I: PARTICIPATION REQUIREMENTS

1. Cardholder Qualification

- Cards are granted to permanent staff and long-term temporary staff with a position appointment of at least six months.

2. Cardholder/Approving Official Agreement

- Cardholders and Approving Officials must sign an ASI ProCard Agreement for each card issued.
- By signing the ProCard Agreement, the Cardholders and Approving Officials verify that they have read, understand, and accept their responsibilities as outlined in this manual.
- ProCard Agreements are to be completed and submitted to the ASI ProCard Administrator in order to initiate the card ordering process.
- A ProCard will be issued to the Cardholder upon completion of mandatory training. Training will be coordinated by the ProCard Administrator.
 - Cardholders are required to complete the ASI Conflict of Interest Form after receiving Conflict of Interest training.

3. Training

- The ProCard Administrator will contact Cardholder to schedule training once the card is received.
- Training is mandatory prior to card issuance.

4. Card Issuance

- An Associated Students, Inc. (ASI) credit card is issued to an individual.
- The Cardholder is responsible for all payments.
- All purchases must be made within ASI, CSUSM, and State guidelines.
- Upon receipt of this card, the cardholder will be granted fiscal authority for ProCard purchases ONLY.
- All Cardholders must have a designated Approving Official.
 - Approving Official must have fiscal authority for the default Fund and Dept ID of the Cardholder.

5. Purchase Limits

- Single transaction limit is a maximum of \$4,500 (inclusive of all taxes and shipping charges). Monthly credit limits are a maximum of \$20,000.
- A one-time request to increase your single purchase limit or monthly limit must be done via email to the ProCard Administrator after receiving the approval of the Executive Director. Print and attach all increase approvals to your monthly reconciliation documents/receipts.
- Any permanent request to increase the single purchase or monthly limit must be approved by the ProCard Administrator and the Executive Director. Cardholder must complete and submit the ProCard Agreement Change Form to the ProCard Administrator.

Section II: CARDHOLDER RESPONSABILITIES

1. Card Usage

- Use the ProCard appropriately as outlined in this manual and ensure all charges are made solely by the Cardholder.
- ProCard must be secured (keep locked in desk drawer, file cabinet, etc.).
- If purchase is a commodity, the employee receiving the commodity must acknowledge that it is ASI property and it will not leave the campus at any time without the prior approval from the Executive Director.
- No personal charges are allowed. If personal charges occur:
 1. Prepare an email to the ProCard Administrator with a “cc” to the Approving Official.
 2. Explain how/why the transaction occurred and how it will be prevented in the future.
 3. Request an ASI Deposit Form from the ProCard Administrator.
 - The funds to reimburse ASI for the personal purchase must be deposited to the same chartfield string they were expensed from.
 4. Along with the deposit form, submit a personal check made payable to Associated Students, Inc. or cash to the University Cashier’s Office.
 5. Request to have a copy of the ASI Deposit Form stamped by the Cashier’s Office for your records.
 6. Keep the stamped deposit form, receipts, and other back up documentation with your ProCard reconciliation documents.

2. Ordering Information

- Before making the purchase, verify that the quoted price includes shipping charges, tax, etc.
- After making the purchase, ask for a confirmation number from the vendor and request to have a copy of the itemized receipt or invoice sent directly to you.
- If vendor does not provide you with an itemized receipt or invoice, fill out a Lack of Itemized Receipt Form in Appendix III and place it with your ProCard reconciliation documents.

3. Delivery Information

- Third party “drop shipments” are not allowed.
- Any missing “ship to” address information may result in the item being returned to the vendor.
- Commodity orders MUST be delivered to the University.

4. Special Purchases

- Purchases requiring pre-approval:
 - When a restricted item (listed in number 5 of Section II) is requested, Cardholders must obtain written approval from the Executive Director and the ProCard Administrator before initiating the charge.
 - It is the Cardholder's responsibility to file all justification and approval documents with ProCard records.
- All approvals must be in writing and attached to the original receipt.

5. Gift Cards/Prizes

- When purchasing and awarding a prize is that cash or equivalent, the Gift Card/Prize Form in Appendix IV must be completed and including in your reconciliation.

Section III: APPROVING OFFICIAL RESPONSABILITIES

1. Following the close of each statement cycle:

- Compare the ProCard Statement with all documentation as prepared by and received from the Cardholder.
- Review charges to ensure that purchases are appropriate and in compliance with current CSUSM Procurement, Contracts & Support Services Policy & Procedure, CSU Guidelines, and ASI Policies.
- Any purchases of restricted items are appropriately documented.
- If personal charges appear on the ProCard Statement, ensure that the following information is attached:
 - A copy of the email explaining how/why the transaction occurred and how it will be prevented in the future.
 - ASI Deposit Form stamped by Cashiers Office.
- Sign and date the ProCard Statement by the 5th of the month following the statement cycle end date.
- In the absence of the Cardholder, the Approving Official must fulfill all Cardholder responsibilities.

Section IV: REPORTING INCORRECT BILLING & DEFECTIVE GOODS

1. Incorrect Billing/Disputed Items

- Cardholder is to call the vendor immediately.
- If the vendor is unable to correct the charges, notify US Bank (800) 344-5696.

2. Defective Goods

- If items purchased with the ProCard are found to be defective, contact the merchant for replacement and/or a credit on the purchase.
- If the merchant refuses to replace the defective item, and/or fails to issue a credit, then the purchase will be considered to be “in dispute”. Notify US Bank (800) 344-5696.

Section V: LOST CARD/CARD REPLACEMENT

1. Reporting Lost Card

- Cardholder contacts US Bank Customer Service at (800) 344-5696.
- Email the ProCard Administrator to inform that a replacement card has been requested.
- US Bank will mail replacement cards to the Cardholder.

2. Replacement of Worn Out/Defective Card

- Cardholder contacts US Bank Customer Service at (800) 344-5696.
- Cardholder destroys old card.
- Email the ProCard Administrator to inform that a replacement card has been requested and current card has been destroyed.
- US Bank will mail replacement cards to the Cardholder.

Section VI: AUDIT

1. Audit Scheduling

- Cardholder transaction files are to be audited at least once each fiscal year.
- Email will be sent to the cardholder and Approving Official with a request for the original documentation.
- Original documentation may be hand delivered to the ProCard Administrator.
- Once the audit is complete, the Internal Audit Report in Appendix V will be sent to Cardholder and Approving Official with descriptions of findings.
- The Cardholder must clear all findings by the date provided to them.
- Not turning in documentation and/or clearing findings may result in revocation of ProCard privileges.
- ProCard Administrator reserves the right to audit at anytime

2. New Cardholder Audit Scheduling

- Cardholder will be audited after 3 months, 6 months, and at 12 months.
- The Internal Audit Report in Appendix V will be sent to Cardholder and Approving Official with descriptions of findings.

3. Exit Auditing

- See the exit procedure outlined in number 2 of Section VII.

Section VII: CARDHOLDER MOVE/EXIT PROCEDURE

1. Move Procedure

- When a Cardholder moves within ASI, the original ProCard documents must be retained by the department where the charges were incurred.
- The Cardholder completes ProCard Agreement Change Form and sends to ProCard Administrator.
- There will be a final audit of Cardholder transactions for this department.

2. Exit Procedure

- When a Cardholder leaves ASI or their department, the Cardholder or the Approving Official, must deliver the card to the ProCard Administrator and sign the ProCard Agreement form stating the card was returned.
- In the absence of the Cardholder, it is the Approving Official's responsibility to compile all necessary paperwork upon the close of the current billing cycle.
- A final audit will be performed upon notification of Cardholder leaving ASI or their department.
- The Internal Audit Report in Appendix V will be completed and sent to Cardholder and Approving Official with descriptions of findings.
- The Cardholder or Approving Official must clear all findings by the date provided to them.
- All reconciliation documents for that fiscal year must be returned to the ProCard Administrator.
- The Cardholder's account will be terminated by the ProCard Administrator.



Section VIII: APPENDICES
Appendix I: ProCard Agreement Form

Please complete and send to the ASI ProCard Administrator				
EMPLOYEE INFORMATION				
PRINT CARDHOLDER NAME (First Name, Middle Initial, Last Name)				EMPLOYEE ID#
PHONE EXTENSION:		E-MAIL ADDRESS:		
DEPARTMENT NAME:		PRINT NAME OF APPROVING OFFICIAL (with fiscal authority for this Dept).		
PS DEFAULT	Account	Fund	Dept.	Class
Single Purchase Limit:		Monthly Purchase Limit:		
CARDHOLDER SIGNATURE				
<p><i>I understand all items purchased using a ProCard, regardless of dollar amount, are State Property and must be tracked accordingly. Please reference ProCard manual, under "Cardholder Responsibilities". I understand that non-adherence to any responsibilities or procedures outlined in the ProCard Manual may result in the revocation of my Cardholder privileges.</i></p> <p>By signing below, I certify that I have received and read the ProCard Manual.</p> <p>Cardholder Signature: _____ Date: _____</p>				
APPROVING OFFICIAL SIGNATURE				
<ul style="list-style-type: none"> • I understand and accept the responsibilities of a ProCard Approving Official, as described in the ProCard Manual. • I agree to review and approve the Cardholder's Monthly Transaction Report, overseeing that the transactions are appropriate and in compliance with ProCard policies and that the corresponding documents are accurate and complete. • I agree to assume the Cardholder's monthly ProCard responsibilities in the event that he/she is unable to do so. <p>By signing below, I hereby grant fiscal authority to make purchases using the ProCard ONLY to the Cardholder for the General Ledger Accounts approved during the annual budget process.</p> <p>Approving Official Signature: _____ Date: _____</p>				
APPROVING OFFICIAL SIGNATURE				
ProCard Administrator Signature: _____ Date: _____				
CARD RECEIVED				
<p>The signatures below indicate the ProCard ending in _____ has been received by the Cardholder.</p> <p>Cardholder Signature: _____ Date: _____</p>				
CARD RETURNED				
<p>The signatures below indicate the ProCard has been returned to the ProCard Administrator.</p> <p>Cardholder Signature: _____ Date: _____</p> <p>ProCard Administrator Signature: _____ Date: _____</p>				



Appendix II: ProCard Agreement Change Form

New Approving Official
Permanent Single Purchase Limit Increase
Permanent Monthly Limit Increase

Change PS Default Chartfield String
Name Change – From:
 Indicate new name in “Cardholder Name” below

Please complete and send to the ASI ProCard Administrator.				
CARDHOLDER NAME (First , Middle Initial, Last)		EMPLOYEE ID#	PHONE EXTENSION	
DEPARTMENT NAME		NAME OF NEW APPROVING OFFICIAL (with fiscal authority for this dept.)		
PS DEFAULT	Account	Fund	Dept.	Class
<u>PERMANENT LIMIT INCREASE REQUEST</u>				
<input type="checkbox"/> PERMANENT Single Purchase Limit: _____ Monthly Purchase Limit: _____ Reason for permanent limit increase: _____ Executive Director Signature: <i>✍</i> _____ Date: _____				
<input type="checkbox"/> I understand this changes my Approving Official. <input type="checkbox"/> I understand this request increases my single/monthly purchase limit. <input type="checkbox"/> I understand a new card will be issued in my new name. <input type="checkbox"/> I understand this changes my Default Chartfield String. I understand that non-adherence to any responsibilities or procedures outlined in the ProCard Manual may result in the revocation of my Cardholder privileges. Cardholder Signature: <i>✍</i> _____ Date: _____				
APPROVING OFFICIAL				
<ul style="list-style-type: none"> • I understand and accept the responsibilities of a ProCard Approving Official, as described in the ProCard Manual. • I agree to review and approve the Cardholder’s Monthly Transaction Report, overseeing that the transactions are appropriate and in compliance with ProCard policies and that the corresponding documents are accurate and complete. • I agree to assume the Cardholder’s monthly ProCard responsibilities in the event that he/she is unable to do so. <p>By signing below, I hereby grant fiscal authority to make purchases using the ProCard ONLY to the Cardholder for the General Ledger Accounts approved during the annual budget process.</p> Approving Official Signature: <i>✍</i> _____ Date: _____				
PROCARD ADMINISTRATOR				
ProCard Administrator Signature: <i>✍</i> _____ Date: _____				



Appendix III: Lack of Itemized Receipt Form

Name: _____

Date: _____

Name of Vendor: _____

Purchase Date: _____

Detailed Description of Items Purchased: _____

Total Purchase Amount: _____

Did purchase include tax? _____ (if NO, submit a Tax Accrual Form)

Did purchase include shipping/handling? _____

Reason for Missing Itemized Receipt: _____

By signing below, I verify that an original itemized receipt is not available and that I have taken all measures to obtain a duplicate receipt. I am not claiming reimbursement from any other source nor claiming this purchase as a tax deduction. The expenses incurred are for ASI business purposes, there are no personal expenses, and the information provided is true and accurate.

Cardholder Signature: _____

Date: _____

Approving Official Signature: _____

Date: _____



Appendix IV: Gift Card/Prize Form

PRIZE/GIFT CARD INFORMATION:	
NAME OF PROCARD PURCHASER:	PURCHASE DATE:
DESCRIPTION OF GIFTCARD/PRIZE:	
LAST 4 DIGITS OF GIFT CARD (if applicable):	GIFTCARD/PRIZE VALUE:
RECIPIENT INFORMATION:	
PRINT NAME:	STUDENT ID#:
CELL PHONE NUMBER:	E-MAIL:
I ACKNOWLEDGE THAT I RECEIVED THE ITEM LISTED ABOVE. RECIPIENT SIGNATURE:	TODAYS DATE:
ISSUER'S NAME:	ISSUER'S SIGNATURE
COMPLETION OF ASI RECORDS:	
NAME OF EMPLOYEE UPDATING PROCARD FILE:	DATE PROCARD FILE WAS UPDATED:



Appendix V: Internal Audit Report

Name: _____ Audit Date: _____

Department: _____ Audit Period(s): _____

Findings	Vendor	Date	Completed By

Audit Performed By: _____ Date: _____

Audit Reviewed By: _____ Date: _____

Restricted Purchases:	<input type="checkbox"/> Personal Purchases	<input type="checkbox"/> Over the Limit Purchases
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Missing Pre-Approvals
<input type="checkbox"/> Animals		<input type="checkbox"/> Untimely Reconciliation
<input type="checkbox"/> Cash Advances	Misc Items:	<input type="checkbox"/> Unauthorized Users
<input type="checkbox"/> Narcotics	<input type="checkbox"/> Incorrect Fiscal Authority	<input type="checkbox"/> Missing Use Tax
<input type="checkbox"/> Firearms/Ammo	<input type="checkbox"/> Missing Signatures	<input type="checkbox"/> Missing Gift Card/Prize Form
<input type="checkbox"/> Telephone/Handhelds	<input type="checkbox"/> Missing Documentation	

Audit Completed: _____

Email Sent: _____

Navigator Search Advanced Search

Account Information Comments

Business Unit: SMASI ProCard Origin: ASI Cardmember #: 000070114501

Cardmember # is a combination of 4-6 0's and the employee ID#

Account Detail Find | View All First 1 of 1 Last

*Effective Date: 10/28/2019 *Status: Active

*First Name: JEANIE

*Last Name: MAIDONA

Phone Number: 760/750-4999

*Approving Official: Sabajo, Kalie

Daily \$ Limit: 2,500.00

Monthly \$ Limit: 10,000.00

GL Bus Unit	*Account	*Fund	DeptID	Class	Program	Project
1 SMASI	660842	90001				

Save Return to Search Previous in List Next in List Add Update/Display Include History Correct History

Account Information | Comments