

**TO: XXXXXXXXXXXXXXXX  
Division of General Accounting  
201 W. Preston St., Room 543  
Baltimore, MD 21201**

**FROM:**

**DATE:**

**RE: Monthly Purchasing Card Certification - (Billing Cycle Ending / / )**  
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I have received and reviewed all the activity logs for the cards assigned to cardholders at \_\_\_\_\_ and hereby certify that:

- The Agency has a process in place to ensure card transactions are in compliance with applicable State regulations, policies and procedures (i.e. COMAR Title 21, Corporate Care Program Policy & Procedures Manual, etc.)
- Each cardholder's bank statement is attached to the applicable activity log
- Transactions appearing on each cardholder's activity log have been reconciled to an accompanying receipt and the applicable bank statement
- Card transactions have been reviewed and the Activity Log has been signed by each cardholder, the cardholder's supervisor and the fiscal officer of the cardholder's unit
- Each cardholder's bank statement, activity log and receipts have been reconciled to the CPC amount recorded in R\*STARS
- An adjustment has been prepared and/or submitted to distribute credit card charges to the proper PCA and Agency Object
- Inventory items have been tagged with a barcode and have been recorded into the property records
- Cardholder Agreements, Applications, Bank Statements, Activity Logs, and Printouts are secured in a locked file when not in use, and are easily retrievable when needed or requested
- The card provider was sent written confirmation for all disputed transactions
- I am not aware of the purchase of gift cards or other cash-like items or fraudulent use of the cards assigned to this Agency

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**SIGNATURE** **DATE**