



CAL MARITIME

PROCARD APPROVING OFFICIAL AUDIT CHECKLIST

Employee Name:

Statement Date:

	YES	NO	
Account #s for every transaction: <small>(Account - Fund - Dept ID)</small>	<input type="text"/>	<input type="text"/>	
Any Missing Receipts?	<input type="text"/>	<input type="text"/>	
Is "Lost Receipt Form" attached?	<input type="text"/>	<input type="text"/>	N/A
Hotel Charges: <small>(Anything other than room charge, taxes and parking)</small>	<input type="text"/>	<input type="text"/>	N/A
Any Sensitive Equipment: (\$500-4,999)	<input type="text"/>	<input type="text"/>	
Sensitive Equipment Form Attached:	<input type="text"/>	<input type="text"/>	N/A
Any Prohibited items: <small>Page 5 of CCP Manual</small>	<input type="text"/>	<input type="text"/>	
Any Restricted items: <small>Page 5 of CCP Manual</small>	<input type="text"/>	<input type="text"/>	
Justifications attached:	<input type="text"/>	<input type="text"/>	N/A
Any Hospitality Charges?	<input type="text"/>	<input type="text"/>	
Food/Related Items Form attached?	<input type="text"/>	<input type="text"/>	N/A

APPROVING OFFICIAL SIGNATURE _____
DATE _____

Reminder - CCP charges are NOT reimbursable on TEC or Employee Reimbursement forms.