



Cardholder Statement Submission Checklist

CARDHOLDER NAME _____

LAST FOUR DIGITS OF CARD: _____ TIER: _____

Please circle the statement month you are submitting:

2024		
January	May	September
February	June	October
March	July	November
April	August	December

NO TRANSACTIONS FOR THIS BILLING CYCLE

Statement and receipts are in chronological order

Receipts for each transaction are attached in order

All transactions have been allocated in Access Online

All food purchases have an Accounts Payable Expense Substantiation

Form Business purposes are provided for each transaction

Approver has reviewed and signed my statement

I have not been charged KY State Sales Tax

Travel Voucher or Request for Out of State Travel Submitted

*** Activity Code for Travel correct? FSCTRV for employee, STCTRV Student.

Athletics- RECTRV for recruiting travel and TEATRV for Team Travel

CARDHOLDER SIGNATURE

____/____/____
DATE

*By signing above, I acknowledge that I have checked my statement for the above issues. Failure to submit a complete and orderly statement will result in your documents being returned to you for correction.