



Payment Card Monthly Attestation Report

Monthly reporting Period: _____

Cardholder Name: _____

(Print name as it appears on the card.)

As the Cardholder of this NSU Payment card, I attest that the following items are true and accurately reflect the purchases for the monthly reporting period listed above:

- Detailed supporting documentation is attached for each item on the attached statement. In instances where the documentation does not clearly reflect what product was purchased, additional information has been noted.
- Each purchase on the attached statement was associated with official university business.
- Each purchase on the attached statement is an allowable purchase as detailed in the Payment Card Policy. The attached statement does not reflect disallowable purchases such as travel and entertainment, alcoholic beverages, personal items, computer hardware/software, incidental items such as flowers, consulting services, etc.
- Any items that are being disputed are clearly indicated on the attached statement, and I have contacted the merchant for resolution.

Signature of Cardholder: _____ Date: _____

As the Departmental Authorized signer for the Cardholder referenced above, I attest that the following items are true and accurately reflect the review and oversight conducted of the detailed supporting documentation provided by the Cardholder, for the purchases made during the monthly reporting period listed above:

- I have reviewed the attached statement, and the related supporting documentation.
- I have confirmed that the purchases on the attached statement are associated with official university business.
- The account numbers where these purchases should be charged is included in the attached statement; has been reviewed, and is correct.

Signature of Departmental
Authorized Signer: _____ Date: _____

Printed Name: _____ Title: _____