

UW-Madison Purchasing Card Program

Non-Compliant Transaction Acknowledgment Form

Cardholder Name:	
Site Manager Name:	
Date Form is Completed:	
Transaction Details	
Transaction Date:	Transaction Amount:
Vendor Name:	
Policy Reference/Details of Non-Compliance	
<i>Please note the UW-Madison policy/procedure the above referenced transaction is not in compliance with and provide additional details as appropriate.</i>	
Corrective Actions	
<i>Please describe any corrective actions taken by the cardholder, site manager, department, and/or Divisional Business Office to address this instance of non-compliant purchasing card activity.</i>	
Cardholder Acknowledgement	
<i>I, the UW-Madison purchasing cardholder responsible for this non-compliant purchasing card activity, have reviewed the above referenced policy and/or procedure. I understand the issue identified by my site manager and how to ensure purchasing card compliance henceforth.</i>	
Cardholder Signature:	

NOTE: To ensure a proper and necessary audit trail, this form is to be attached as supporting documentation for the non-compliant purchasing card transaction in the Purchasing Card Module of the Shared Financial System within the 30-day reconciliation timeframe.