

PURCHASE CARD TRANSACTION WORKSHEET

1. Name of Cardholder:	2. Cardholder Telephone Number:	3. Cardholder Email Address:	4. Component:	5. Program/Office:
6. Requestor Name:	7. Requestor Phone Number:	8. Date of Request:	9. Procurement Request Number:	
10. Ship to Address:		11. City:	12. State:	13. Zip Code:
14. Vendor Name:		15. Vendor POC:	16. Vendor Phone Number:	
17. Vendor Address:		18. City:	19. State:	20. Zip Code:

21. (a) REQUIRED SOURCES for SUPPLIES	(b) REQUIRED SOURCES for SERVICES	(c) SPECIAL APPROVALS NEEDED
1. Agency Inventories 2. Excess Property from other Agencies 3. UNICOR 4. ABILITY ONE 5. Wholesale Supply Sources 6. Food Svc: DLA Prime Vendor 7. Optional Use GSA/FSS or DHS BPAs 8. Optional Use Federal Supply Schedules 9. Commercial	1. ABILITY ONE 2. Optional Use UNICOR 3. Optional Use GSA/FSS or DHS BPAs 4. Optional Use Federal Supply Schedules 5. Commercial	1. IT Request 2. Printing 3. Branding 4. Legal 5. Memberships 6. Organizational Clothing 7. OGC-Awards 8. Office Furniture 9. Office Machine Certification 10. Conference 11. Training (SF182 Required) 12. Other (i.e., Bottled water)
22. Estimated Total:		

23. Reason for Purchase (Please provide a detailed justification for the purchase of the items or services described on the PR Doc. 21, Block 9.):

24. FUNDS VERIFICATION OFFICIAL INFORMATION I certify funds are available for purchase.

Print Funding Official Name:	Signature:	Date (Typed date required):
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ITEM	DOCUMENT	FAR/HSAR/HSAM/COAST GUARD REFERENCE
A.	PROCUREMENT REQUEST DOCUMENTATION:	
	1. Fully executed Procurement Request (PR) includes: Accounting Data, Printed/Typed Names & Signatures of FM, AO or Alternate AO and a detailed justification for the purchase.	DHS Purchase Card Manual, HCA-GM 13.0 SAP Guidebook, COMDTINST M4061.5, CG Food Service Manual, CG Personal Property Management Manual
	2. A threshold of \$100 is allowed if the amount on the invoice for a purchase exceeds the estimated total amount on the approved DHS Form 1501. Please provide supporting documentation (i.e., email funds verification/AO approval, PR modification) indicating additional funds were available/AO approval obtained prior to the purchase.	DHS P-Card Manual, HCA-GM 13.0 SAP Guidebook
	3. Vendor Responsibility Determination: The Cardholder affirms that the SAM Excluded Parties List was checked prior to purchase and the vendor was not listed. (Only for purchases over the MPT)	FAR 9.103, FAR 4.1102
	4. Section 508 Compliant, Hazmat, Energy Star and IT approval.	FAR 23.302, FAR 39.203(c)(2) & 39.204(e) (2), HSAM 3039 & 3053.103 & HCA-GM 13.0 SAP Guidebook
	5. Quotes or Price/Reasonableness Determination (If applicable).	FAR 13.203(3), FAR 3.106-3(a), HCA-GM 13.0 SAP Guidebook
	6. Treasury Account Symbol (TAS).	HSAM 3032.702-70 and HCA-GM 13.0 SAP Guidebook

25. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION I have reviewed the required documentation in Item A. I authorize the Cardholder to proceed with the purchase. Email approval for purchase is accepted (Alternate AO must be approved by the HQ Purchase Card Team before approving purchases.)

Print Approving Official Name:	Signature:	Date (Typed date required):
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B.	TRANSACTION DOCUMENTATION:	
	1. Doc 32 – Purchase Reference Number:	HCA-GM 13.0 SAP Guidebook
	2. Copy of Convenience Check (C-Check), C-Checks are only to be use as a last resort. Copies of C-Checks shall be sent to CPOPC.	DHS Purchase Card Manual, HCA-GM 13.0 SAP Guidebook
	3. Special Approvals (See Block 21C)	HCA-GM 13.0 SAP Guidebook and COMDTINST M7100.3 (FRMM)

C.	RECEIPT AND ACCEPTANCE OF SUPPLIES AND SERVICES:	
	1. A separate carrier receipt or estimate is issued for freight bills relating to shipping of more than \$100. A separate PR or line item on a PR shall be identified for freight.	DHS P-Card Manual, HCA-GM 13.0 SAP Guidebook
	2. Invoice/Sales Receipts/Charge Slips	DHS P-Card Manual, HCA-GM 13.0 SAP Guidebook
	3. Independent third party performs acceptance and forwards receipt within five days of acceptance to the CH.	DHS P-Card Manual, HCA-GM 13.0 SAP Guidebook
26. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED AND ACCEPTED (THIRD PARTY – CANNOT BE THE CARDHOLDER OR THE APPROVING OFFICIAL)		
Print Third Party Name:		Signature:
		Date (Typed date required):
D.	PERSONAL PROPERTY MANAGEMENT:	
	1. Property Accountability/Coordination of Reportable Property	COMDTINST 4500.5 (CG Personal Property Management Manual)
27. PROPERTY CUSTODIAN INFORMATION (PROPERTY ACCOUNTABILITY)		
Print Property Custodian Name:		Signature:
		Date (Typed date required):
28. PURCHASE CARDHOLDER INFORMATION		
I certify that the purchase card file includes the required documentation for the requested supplies and services, and the transaction is compliant with the DHS Purchase Card Manual policy and procedures.		
Cardholder Signature:		Date (Typed date required):
		Total Amount Paid:
<p align="center">Purchase Card Transaction Worksheet Guidance</p> <p>The following guidance should be used to complete the Purchase Card Transaction Worksheet. This worksheet provides a consolidated source for documenting and tracking purchase card requirements as established by applicable laws, regulations, and guidance. You must retain this form and all supporting documents in a central location for auditing purposes. This worksheet, along with the applicable documentation, should be submitted to the Component's Primary Organization Program Coordinator (CPOPC) for review during the Post Payment Audit process. Please contact the CPOPC for any questions regarding the purchase card program.</p>		
Field	Guidance	
1. Cardholder Name:	Name of the actual cardholder making the purchase.	
2. Cardholder Telephone Number:	Phone number of the cardholder.	
3. Cardholder Email Address:	Email address of the cardholder.	
4. Component	Component where the cardholder works.	
5. Program/Office:	Physical location where the cardholder works.	
6. Requestor Name:	Name of person requesting the supplies/services.	
7. Requestor Phone Number:	Phone number of person requesting the supplies/services.	
8. Date of Request:	Date the requestor submits the request.	
9. Procurement Requisition Number:	Unique number to identify the transaction. Determined by component.	
10. Ship to Address:	Address supplies/services are to be delivered or consumed. Use the address where the goods are consumed for in-store purchases	
11. City		
12. State		
13. Zip Code:		
14. Vendor Name:	Information of the vendor that the requestor got the initial quote for supplies/services from. This may or may not be the actual vendor the items are purchased from based on the Required Sources of Supplies and Services. If the vendor changes at the time the order is placed based on mandatory sources or pricing, the cardholder will annotate the vendor the items were actually purchased from in these blocks by lining through the information and writing in the actual.	
15. Vendor POC:		
16. Vendor Phone:		
17. Vendor Address:		
18. City		
19. State		
20. Zip Code:		
21. Required Sources of Supplies:	Use as a check list to make sure you are looking at required sources in the proper sequence	
22. Estimated Total:	Estimate amount of order.	
23. Reason for Purchase:	Provide a detailed justification for the purchase.	
24. Funds Verification:	Signature and date of person authorized to validate funds availability. Date must be PRIOR to the purchase being made. Printed name, signature and date are required. Can be an email if funds official is not physically available to sign prior to the purchase.	
25. Approving Official:	The cardholder's approving official (that is set up in the bank system) signs and dates PRIOR to the purchase being made. Typed name may be prepopulated by the cardholder. Printed name, signature and date are required. Can be an email if official is not physically available to sign prior to the purchase.	
26. Third Party Signature:	This signature indicates the items purchased were received by the government. Normally the person that requested the items would sign indicating receipt of the requested items. If items were delivered to a remote location, an email from the person receiving the items can be used. Packing lists from the shipments with "Received By:" and the persons printed name, date and signature is acceptable. This signature cannot be the cardholder, approving official, or alternate approving official of the cardholder making the purchase.	
27. Property Accountability:	Required for all items that require accountability.	
28. Purchase Cardholder:	Cardholder signs, enters date of purchase and the total amount paid.	
NOTES: <ul style="list-style-type: none"> DHS 1501 Form MUST BE FILLED OUT COMPLETELY. "See the PR" will not be accepted. Copy of the SF-182 is required for all training classes. (DHS Requirement) Courier Certificate is needed while performing purchasing duties while on TDY or travel outside of permanent duty station. Certificate must be included in the purchase card file. Alternate Approving Official must be approved by the HQ Purchase Card Team before approving purchases. Approval must be included in the purchase card file. If FM/AO gives email approval for purchase, a copy of the email indicating approval must be included in the purchase card file. OMB A-123 requires that separation of duties among key functions such as making purchases (CH), authorizing purchases and payments (AO) and certifying funding (FM). 		