



# Ceres Unified School District Cal-Card Guidelines

## The US BANK Purchasing Card Program

Revised July 2022



# CERES UNIFIED SCHOOL DISTRICT VISA CAL-CARD PURCHASING GUIDELINES

## DEFINITION

The Cal-Card is a unique business VISA card intended to simplify the purchasing and payment process.

## GENERAL INFORMATION

1. You have been given 2 limits on your cards: the maximum per transaction limit, and the maximum limit on your card for a 30 day cycle. When you sign for your card you will be notified of your card limits in both areas.
2. The VISA Cal-Card you receive will have **your** name on the card. If you sign your credit cards, you may sign the back. You may also sign the card “see ID” or “check ID”.
3. No member of your family should use this card. If you allow your Office Manager or Secretary to use your card, all charges are your responsibility.
4. The Cal-Card is to be used for OFFICIAL Ceres Unified School District business and **MAY NOT BE USED FOR PERSONAL PURCHASES.**
5. You will be asked to sign an Agreement to Accept the U.S. Bank VISA Cal-Card for Ceres Unified School District (see attachment page 9). Upon signature of this acceptance you are agreeing that you have read and understand these procedures. Your transaction limit and card limit are listed on the agreement.
6. The issuance of this Cal-Card in your name does not allow the credit card company to do any credit check on your personal credit. They will not request any personal information from you, nor should any personal information be furnished.
7. The use of this Cal-Card is not intended to replace effective planning in advance where vendors might offer discounts for School Districts that they would not offer with a credit card purchase.
8. If a purchase made with your card is questioned, you must be able to explain the nature of the purchase. If you cannot substantiate the purchase was necessary and for official use, you will be asked to immediately issue a personal check to cover the questioned purchase.

9. The following guidelines must be met when using the Cal-Card:
  - a. To the maximum extent possible, the Cal-Card should be used in lieu of emergency purchase orders, walk through purchase orders, small purchase orders, and reimbursement purchase orders.
  - b. Each single purchase may comprise multiple items, but the total cannot exceed the single purchase dollar limit on your card.
  - c. The least expensive item that meets your basic needs should be sought.
  - d. You must verify that budgeted funds are available prior to making any purchases. Your site/department will be responsible to cover all charges through your budgets.
10. The cardholder or designee will reconcile and prepare the monthly Statement of Account, obtain the signature of the card holder (do not sign as approver) and forward to ACCOUNTING for payment processing within 5 days of receiving your statement. Any late payment interest penalty will appear on the cardholder statement and will be charged to the cardholder budget.
11. All travel expenditures charged to your Cal-Card must follow Board Policy #3350 (a). If you would like to be paid the per-diem amount for your meals, **do not** charge the meals on your Cal-Card. Instead, you must turn in reimbursement for per-diem meals by the regular purchase order process.
12. Proper accounting procedures must be followed. It is the responsibility of all CUSD cardholders to utilize this card in a responsible and auditable fashion.
13. You are responsible to keep your card in a secure location. You must immediately report lost or stolen cards to the Chief Financial Officer (ext. 1563).

### **CARD RESTRICTIONS**

The Cal-Card can be used to purchase supplies, materials, equipment under \$500, phone orders for materials or books, subscriptions, and for travel expenditures.

Some examples of what the Cal-Card **CANNOT** be used for are:

1. Cash Advances
2. Purchase of items carried in our Warehouse.
3. Purchases of communications equipment such, cellular phones, two-way radios etc.
4. Rentals of Equipment or Facilities
5. Furniture and Equipment purchases over \$500.00
6. Services performed by an individual or business

7. Fuel purchases for your personal vehicle. If you are using your personal vehicle for District business, reimbursement for mileage should be submitted. If you are renting a vehicle for District business, you may use your Cal-Card for fuel purchases.
8. Payment for personal memberships
9. Purchase of any technology equipment (printers, monitors, etc.)
10. Awards for staff and students (except as explained below)
11. Gift Cards (regardless of funding source)

Exceptions to some of the above may be allowed on an individual basis with pre-approval by the Superintendent or the Assistant Superintendent of Business Services.

### **PURCHASING ITEMS TO COMMEND STAFF/STUDENTS**

#### **STAFF**

Awards or recognitions for staff should be limited to certificates or small mementos (such as pens, rulers, pencils etc). For recognition of an individual accomplishment, a plaque or desk decoration (glass apple, etc.) is appropriate. Meals should not be provided for the sole purpose of recognizing staff. Meals provided as part of an in-service are appropriate within per diem guidelines. Gift cards should not be purchased from District funds for staff awards or recognitions.

#### **STUDENTS**

Incentives, awards or recognitions for students should be limited to certificates or small mementos (such as pencils, pens etc.). For recognition of a significant individual accomplishment, a plaque is appropriate. Gift cards should not be purchased with the Cal-Card.

### **CAL-CARD PURCHASES OVER \$1,000 for SUPPLIES AND MATERIALS**

The following are guidelines and procedures when making a purchase over \$1,000 for supplies and materials with your Cal-Card.

- The \$1,000 dollar limit does not apply to conference expenses, i.e. registration, hotels etc.
- Purchases over \$1,000 for all other expenses must be pre-approved.
- Pre-Approval should be received from the Assistant Superintendent of Business Services through e-mail. Prior to making a purchase for \$1,000 or more for non-conference expenses, please send an e-mail with the details of the request and the reason for the expenditure to be paid by Cal Card rather than a purchase order. If the purchase is approved, please save and attach the reply e-mail approving the expenditure to the Cal-Card statement when it is turned into Fiscal Services. The reply e-mail is your “proof” of pre-approval.

## **EARNING REWARDS FROM VENDORS**

Earning a free gift from vendors or accumulating points towards a free gift from a vendor should never be a reason to use that vendor. The vendor should be used because their products have been proven to be the best purchase for the District. If you do find you are earning free gifts from a vendor, the gift must be for District use only and considered School District property. If you find the item cannot be used at your school site, the item can be used for a free give-away to your staff based on a fair and equitable manner. If you have a free gift that appears on your receipt, please make a note as to what you have used the gift for.

## **USING YOUR CAL-CARD FOR TRAVEL**

1. The per-diem for the County you are in applies to all meals. The per-diem will be calculated on the total charges, including tips.
2. If you are paying for a group, the total bill (including tip) must be within the per-person, per-diem amount.
3. All meals charged on the Cal-Card require both the itemized receipt and the “charge” receipt.
4. Hotel internet charges can be added to your hotel bill. This is allowed for Administrators only.
5. The District will not pay for tips added to anything except meals.
6. No snacks, bottled water etc. can be included on your hotel bill.
7. The District will pay for the least expensive form of transportation.
8. The District will pay for room service for meals for the Cal-Card holder only. Per-diem rates also apply to room service and you are required to include an itemized receipt.
9. No alcohol purchases can appear on your receipts, even if you intend to reimburse the District. These must be paid by you on a separate receipt.

## **CAL-CARD USE PROCEDURES**

1. Your card will be activated when you receive it. You may use the card immediately.
2. You may use this card at any merchant which accepts a VISA card for payment of purchases.
3. Upon selecting your purchases, present them and your card to the merchant. The merchant will complete a sales draft that includes the following information at minimum:
  - Card number
  - Date and amount of purchase
  - Brief description of item(s) being purchased
  - Merchant name and identification

4. Before you sign the sales draft, (if you are completing the transaction in person), verify the amount is correct and the sales tax has been added. You will receive one copy of the signed sales draft. **RETAIN THIS COPY** until you receive your monthly statement of account.

### **MAIL ORDER PROCEDURES**

1. If you place an order through the mail, maintain a copy of your order form with your Cal-Card receipts. Attach the copy of the order form, packing slip and sales receipt to the statement in which the charge appears.
2. You should have the items shipped to your site/department address, and to your attention. Do not use the Warehouse address without prior approval and never use your personal home address.

### **ONLINE PURCHASING PROCEDURES**

1. If you are placing an Internet order with your Cal-Card, use only suppliers that are reputable. Don't use companies that you are not familiar with or firms that have offers that seem too good to be true.
2. The shipping address should be your site/department street address. The billing address should be CUSD, Accounting Department, P.O. Box 307, Ceres, CA 95307.
3. Make sure you **print the screen** where there is a detailed list of what you have ordered and dollar amounts of each item.
4. After you submit the order, you should receive a confirmation number for tracking purposes; **print and keep this** for your records as well. This may be the backup you need to reconcile your statement.
5. Most companies will require either an e-mail address or fax number for confirmation notification. The company will most likely send a confirmation to your e-mail address when the order ships. It is a good idea to **print** and keep this for your records as well; however you may choose to keep this in a personal folder in Outlook for access later if needed.
6. You should have the items shipped to your site/department address, and to your attention. Do not use the Warehouse address without prior approval and never use your personal home address.

## PROCEDURES AFTER PURCHASE

1. At the close of each billing cycle, you will receive a Statement of Account from the bank (see page 10). The statement will itemize each transaction that was charged to your Cal-Card account. Upon receipt of the statement, complete each of the steps below:
  - Review the statement for accuracy.
  - Complete the Cal-Card Reconciliation and Summary Forms (see pages 15-20) and pages 16-20 for detailed directions on how to complete the forms. Indicate the transaction date, vendor name and amount. The “Description” line on the form should be used to provide a complete description of the charge, i.e. supplies for teacher in-service for 13 people, Lunch meeting with Principal and Assistant Principal, toner for office, airfare for CASBO conference for 3 people (list names) etc.
  - All charges must be entered on the Reconciliation Form (see page 10). No handwritten forms will be accepted. Email the completed form to all three Accountant III’s – Kassandra Baker ([kbaker@ceres.k12.ca.us](mailto:kbaker@ceres.k12.ca.us)) Crystal Garcia ([cgarcia@ceres.k12.ca.us](mailto:cgarcia@ceres.k12.ca.us)) and Jesus Garcia ([jogarcia@ceres.k12.ca.us](mailto:jogarcia@ceres.k12.ca.us)).
  - Indicate the appropriate budget account number (all 22 digits) by each transaction. If you are charging more than one account per transaction, indicate the dollar split to be applied to each account.
  - Attach all sales receipts and necessary supporting documentation to the statement.
  - **Every charge** on your statement should have a matching itemized receipt, conference registration form, hotel reservation form, or other required documentation attached to the back of the statement when it is sent to Accounting. Failure to attach proper documentation could result in late payment of your statement. If you have several small receipts we ask that you tape them on an 8 ½” x 11” sheet of paper. Faster processing will occur if your receipts are attached in the order they appear on the statement.
  - Sign and date the statement and forward it with your receipts and the reconciliation form to ATTN: Accounting/Cal-Card within five (5) working days of receiving your statement.
  - If you have returned an item you purchased and a credit for this item does not appear on the statement within this billing cycle, the cardholder must complete a “Cardholder Statement of Questioned Item” form (see page 11) and attach the documentation showing the item was returned. You would

then deduct the disputed amount from the statement total and approve the remaining balance for payment. A copy of this form should be attached to your statement.

- If you have a credit voucher and a credit appears for an item that was already paid previously, you need to attach the credit voucher to the statement and indicate the appropriate account number for credit.
2. If you are charged for an item incorrectly or have any issues disputing the charge, contact the vendor first to try to resolve the dispute. If this approach is not successful, provide a complete explanation of the error on the Cardholder Statement of Questioned Item (see attachment page 11). Any item that is on your statement that you question and you are unable to resolve with the vendor should be followed up with using this form. This form must accompany your statement when it is sent to Accounting for payment.
  3. If you will be unavailable to review your Statement of Account, please make sure someone has all your receipts and complete directions on how to process your statement in your absence. You will be asked to come to Accounting and sign your statement upon your return.
  4. If you would like to make copies of your monthly statements and receipts, please do so **before** it is sent to Accounting.
  5. If you have lost a receipt it is the cardholder's responsibility to get a replacement receipt. **Losing a receipt is not a reason to hold your statement, payment must still be made.** As soon as you realize you have lost a receipt you must contact the vendor immediately and try to get a replacement receipt. If the vendor does not give you a replacement receipt within enough time to meet your statement due date deadlines, you must complete the CUSD form: Information on Lost Receipts (copy attached page 12). This form must be signed and turned in with your monthly statement so that payment can be made in a timely manner. When you receive the replacement receipt, you must send that receipt to Accounting/Attention: Kim Erb. You will have 30 days to recover your lost receipt. If you do not have your receipt within 30 days you may be asked to personally pay for this expenditure. A card holder that continues to loose receipts may be asked to return their Cal-Card to the district.

Although it may take as long as 60 days, as a **last resort** you may ask US Bank to assist you in replacing a lost receipt. You are required to fill out the "Cardholder Statement of Questioned Item" form. This form should be sent to accounting.

### **COMPENSATORY EDUCATION EXPENDITURES GUIDELINES**

1. Usage of the Cal-Card for categorically funded purchases will need advance approval to charge it to categorical programs.



2. All Cal-Card expenditures must be justifiable and related to the approved school site plan.
3. Every categorical funded purchase with the Cal-Card must have an e-mail approval from the appropriate Ed Services administrator with all the required information on the e-mail (site plan page etc.). This e-mail must be attached to the proper receipt.
4. Any charge on your statement coded to a categorical resource that does not have an approval attached when it arrives to Accounting will have the account code changed to your General site budget. **It will not be our responsibility to get approval for you.**

CERES UNIFIED SCHOOL DISTRICT

AGREEMENT TO ACCEPT THE U.S. BANK VISA CARD

The U.S. Bank Visa Cal-Card represents our District's trust in you. You are empowered as a responsible agent to safeguard District assets. Your signature below is verification that you have read the Ceres Unified School District VISA Cal-Card Purchasing Guidelines and agree to comply with them as well as the following responsibilities. It also acknowledges that you have received the U.S. Bank Visa card.

Card # \_\_\_\_\_

Per Transaction Limit \$ \_\_\_\_\_

Monthly Card Limit \$ \_\_\_\_\_

I understand the card is for District approved purchases only, and I agree not to charge personal purchases.

If the card is lost or stolen, I will immediately notify the Director-Fiscal Services immediately.

I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.

The card is issued in my name. I am considered responsible for any and all charges against the card.

All charges will be billed directly to and paid directly by the District. The bank cannot accept any monies from me directly. Therefore no personal charges will be billed by this card.

I will receive and reconcile my monthly statement according to the guidelines of the Ceres Unified School District.

I understand that all travel related purchases should follow Board Policy #3350 (a).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Date



U.S. BANCORP SERVICE CENTER  
 P. O. Box 6343  
 Fargo, ND 58125-6343



CERES UNIFIED SCHOOL DISTRICT

**ACCOUNT NUMBER** [REDACTED]  
**STATEMENT DATE** 10-22-13  
**TOTAL ACTIVITY** \$ 1,955.96

000011845 1 AT 0.384 106481322940818 P

STEVE FABELA  
 CERES USD  
 P.O. BOX 307  
 CERES CA 95307-0307

"MEMO STATEMENT ONLY"  
 DO NOT REMIT PAYMENT

We certify that all purchases listed on this statement, unless annotated to the contrary, are true, correct and for official business only. Payment is authorized.

Cardholder Steve Fabela / Date 11/7/13 Approver \_\_\_\_\_ Date \_\_\_\_\_

NEW ACCOUNT ACTIVITY					
POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
09-30	09-27	HYATT REGENCY SACRAQ34 916-441-1074 CA PUR ID: 00000000000000000000 TAX: 0.00	24692163271000984824962	7523	9.00
09-30	09-27	BJS RESTAURANTS 451 ELK GROVE CA PUR ID: 074779 TAX: 0.00	24692163272000192774305	5812	97.24
10-15	10-14	ONE DALLAS TAXI SERVICE IRVING TX	24013393287000906132350	4121	68.05
10-17	10-16	SQ *ALA TRANSPORT GRAPEVINE TX PUR ID: 00000000000000727984561 TAX: 0.00	24692163289000786742842	4121	82.00
10-17	10-16	SAC CO AIRPORT PARKING SACRAMENTO CA PUR ID: Parking Operation TAX: 0.00	24755423289642893703753	7523	40.00
10-18	10-17	RENAISSANCE 9671X WORTH FT. WORTH TX 4753 ARRIVAL: 10-13-13	24610433290004038227084	3530	548.55
10-18	10-17	RENAISSANCE 9671X WORTH FT. WORTH TX 4728 ARRIVAL: 10-13-13	24610433290004038227928	3530	562.57
10-18	10-17	RENAISSANCE 9671X WORTH FT. WORTH TX 4985 ARRIVAL: 10-13-13	24610433290004038228587	3530	548.55

Default Accounting Code:			
CUSTOMER SERVICE CALL  800-344-5696	ACCOUNT NUMBER [REDACTED]		ACCOUNT SUMMARY
	STATEMENT DATE 10-22-13	DISPUTED AMOUNT \$ .00	PREVIOUS BALANCE \$ .00 PURCHASES & OTHER CHARGES \$1,955.96
SEND BILLING INQUIRIES TO:  C/O U.S. BANCORP SERVICE CENTER, INC U.S. BANK NATIONAL ASSOCIATION P.O. BOX 6335 FARGO, ND 58125-6335	AMOUNT DUE \$ 0.00 DO NOT REMIT		CASH ADVANCES \$ .00 CASH ADVANCE FEE \$ .00 CREDITS \$ .00
			TOTAL ACTIVITY \$1,955.96

# Attach this form to your statement and send to Kim Erb in Accounting

## CARDHOLDER STATEMENT OF QUESTIONED ITEM

### Purchasing GPP

(Please print or type in black ink)

CARDHOLDER NAME (please print or type)

ACCOUNT NUMBER

CARDHOLDER SIGNATURE

DATE

(AREA CODE) TELEPHONE NUMBER

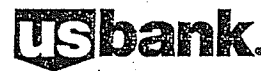
The transaction in question as shown on Statement of Account:

Transaction Date	Reference Number	Merchant	Amount	Statement Date
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Please read carefully each of the following situations and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 1-800-227-6736. We will be more than happy to advise you in this matter.

- 1. UNAUTHORIZED MAIL OR PHONE ORDER**  
 I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.
- 2. DUPLICATE PROCESSING—THE DATE OF THE FIRST TRANSACTION WAS \_\_\_\_\_**  
 The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.
- 3. MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$ \_\_\_\_\_**  
 My account has been charged for the above transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved. (Please provide a separate statement detailing the merchant contract, and the expected date to receive the merchandise).
- 4. MERCHANDISE RETURNED IN THE AMOUNT OF \$ \_\_\_\_\_**  
 My account has been charged for the above listed transaction, but the merchandise has since been returned.  
\*Enclosed is a copy of my postal or UPS receipt.\*
- 5. CREDIT NOT RECEIVED**  
 I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed. (Please provide a copy of this voucher with this correspondence).
- 6. ALTERATION OF AMOUNT**  
 The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed. The difference of amount is \$ \_\_\_\_\_.
- 7. INADEQUATE DESCRIPTION/UNRECOGNIZED CHARGE**  
 I do not recognize this charge. Please supply a copy of the sales draft for my review. I understand that when a valid copy is sent to me, a Statement of Questioned Item Form must be provided and will include the copy of the sales draft if a further dispute exists. If a copy of the sales draft cannot be obtained, a credit will appear in my account.
- 8. COPY REQUEST**  
 I recognize this charge, but need a copy of the sales draft for my records.
- 9. SERVICES NOT RECEIVED**  
 I have been billed for this transaction, however, the merchant was unable to provide the services.  
 Paid for by another means. My card number was used to secure this purchase, however final payment was made by check, cash, another credit card, or purchase order. (Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation demonstrating that payment was made by other means).
- 10. NOT AS DESCRIBED**  
 (Cardholder must specify what goods, services, or other things of value were received). The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must have attempted to return the merchandise and state so in their complaint). \_\_\_\_\_
- 11. If none of the above reason apply—please describe the situation:** \_\_\_\_\_

(Note: Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper, if necessary, and sign your description statement).



I.M.P.A.C.®

Government Services

**CERES UNIFIED SCHOOL DISTRICT**  
**INFORMATION ON LOST RECEIPTS**

\_\_\_\_\_  
CARDHOLDER NAME  
(Please Print)

\_\_\_\_\_  
ACCOUNT NUMBER

The receipt has been lost for the transaction listed below as shown on the Statement of Account:

Transaction Date	Reference #	Merchant	Amount	Statement Date
_____	_____	_____	_____	_____

Description of transaction: (This section must be filled in with as much detail as possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this document I agree that it is my responsibility to contact the vendor for a replacement receipt. When a replacement receipt is found I will send it to Accounting immediately. If a replacement receipt or the original receipt is not found in 30 days I understand that I may be asked to pay for this expenditure personally.

\_\_\_\_\_  
Cardholder Signature

**CAL-CARD RECONCILIATION FORM**

CARD-HOLDER'S NAME: \_\_\_\_\_

STATEMENT DATE: \_\_\_\_\_

<b>1</b>	TRANSACTION DATE: _____ VENDOR NAME: _____ DESCRIPTION: _____ ACCOUNT CODE: _____ <span style="float:right">AMOUNT \$</span> PLAN REFERENCE: _____ ADDITIONAL APPROVALS: <input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached NOTES: _____
<b>2</b>	TRANSACTION DATE: _____ VENDOR NAME: _____ DESCRIPTION: _____ ACCOUNT CODE: _____ <span style="float:right">AMOUNT \$</span> PLAN REFERENCE: _____ ADDITIONAL APPROVALS: <input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached NOTES: _____
<b>3</b>	TRANSACTION DATE: _____ VENDOR NAME: _____ DESCRIPTION: _____ ACCOUNT CODE: _____ <span style="float:right">AMOUNT \$</span> PLAN REFERENCE: _____ ADDITIONAL APPROVALS: <input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached NOTES: _____
<b>4</b>	TRANSACTION DATE: _____ VENDOR NAME: _____ DESCRIPTION: _____ ACCOUNT CODE: _____ <span style="float:right">AMOUNT \$</span> PLAN REFERENCE: _____ ADDITIONAL APPROVALS: <input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached NOTES: _____
<b>5</b>	TRANSACTION DATE: _____ VENDOR NAME: _____ DESCRIPTION: _____ ACCOUNT CODE: _____ <span style="float:right">AMOUNT \$</span> PLAN REFERENCE: _____ ADDITIONAL APPROVALS: <input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached NOTES: _____
<b>6</b>	TRANSACTION DATE: _____ VENDOR NAME: _____ DESCRIPTION: _____ ACCOUNT CODE: _____ <span style="float:right">AMOUNT \$</span> PLAN REFERENCE: _____ ADDITIONAL APPROVALS: <input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached NOTES: _____
<b>7</b>	TRANSACTION DATE: _____ VENDOR NAME: _____ DESCRIPTION: _____ ACCOUNT CODE: _____ <span style="float:right">AMOUNT \$</span> PLAN REFERENCE: _____ ADDITIONAL APPROVALS: <input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached NOTES: _____



# Cal-Card Reconciliation Instructions

## REQUIREMENTS FOR BACK UP DOCUMENTATION SUBMITTED WITH STATEMENT:

1. EVERY CHARGE on your statement should have a matching ITEMIZED receipt or final invoice, quotes or packing slips are not considered a receipt/invoice.
2. Receipts should be placed in order of transactions according to the statement.
3. If you have small receipts that are not a full-page size, please tape them on an 8 1/2" by 11 pieces of paper.
4. An approval email from Cathy Pietanza is required to be attached to EACH transaction that is using categorical or LCAP funds. The email should be numbered with the corresponding transaction number for quicker identification and processing.

*\*\*Failure to attach an email to a transaction, will result in the transaction being charged to your site general base account code. Accounting will not be responsible for lack of proper approvals. One copy of an email attached to the statement providing approvals for multiple transactions is not allowed. This places the burden on staff to try and determine if the purchase is approved and that is the responsibility of the site to show proper documentation that the purchase was approved by attaching a copy of the email to each transaction\*\**

5. If you have fraudulent activity on your statement, you must **immediately** report it to Carrie Smith (ext. 1300) [casmith@ceres.k12.ca.us](mailto:casmith@ceres.k12.ca.us) do not submit your statement without emailing her!
6. Spreadsheets should be printed in single sided-pages, please do not print double sided sheets.
7. Staff will return a reconciled spreadsheet back to the site after completion, please review any account code changes made as to avoid recurring coding issues.
8. Sign and date the statement and forward it with the printed spreadsheet, summary and receipts to Accounting/Attention: CAL-CARD by the due date listed in the email by staff.
9. The due date is firm and staff must receive your statement IN HAND by that date. Please make every effort to hand carry statements down to staff and not place them in the District mail as that will take a few additional days to arrive to our department. We need every day we can get to process statements.
10. If you are unable to meet the due date, you must email the Supervisor of Accounting explaining your extenuating circumstances and request an extension in advance of the due date. Please do not take additional time without requesting prior approval.
11. Email your spreadsheet to all three Accountant III's:

Kassi Baker [kbaker@ceres.k12.ca.us](mailto:kbaker@ceres.k12.ca.us)

Jesus Garcia [jogarcia@ceres.k12.ca.us](mailto:jogarcia@ceres.k12.ca.us)

Crystal Garcia [cgarcia@ceres.k12.ca.us](mailto:cgarcia@ceres.k12.ca.us)



# RECONCILIATION SPREADSHEET INSTRUCTIONS

1. Enter the Card-Holder's Name and the Statement Date

	A	B	C	D	E
1	<b>CAL-CARD RECONCILIATION FORM</b>				
2	<b>CARD-HOLDER'S NAME:</b> John Smith				
3	<b>STATEMENT DATE:</b> 07/22/22				
4					



CERES UNIFIED SCHOOL DISTRICT

<b>ACCOUNT NUMBER</b>	[REDACTED]
<b>STATEMENT DATE</b>	09-23-13
<b>TOTAL ACTIVITY</b>	\$ 6,155.24

"MEMO STATEMENT ONLY"  
DO NOT REMIT PAYMENT

2. Enter the information for your first transaction listed on the statement and enter reach one thereafter in sequential order.

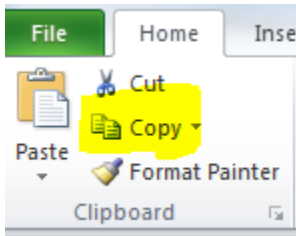
<b>1</b>	<b>TRANSACTION DATE:</b>	DATE OF TRANSACTION AS LISTED ON THE STATEMENT
	<b>VENDOR NAME:</b>	VENDOR NAME
	<b>DESCRIPTION:</b>	WHAT IS THIS PURCHASE AND WHO/WHAT WILL IT BE USED FOR? CONFERENCE - WHO IS ATTENDING?
	<b>ACCOUNT CODE:</b>	IF YOU NEED TO SPLIT CODE, COPY & INSERT THE LINE <b>AMOUNT \$</b> AMOUNT BEING CHARGED OR SPLIT CODE AMOUNT
	<b>PLAN REFERENCE:</b>	KEEP THIS SIMPLE, USE YOUR EMAIL APPROVAL TO ED SERVICES TO INCLUDE ENTIRE LANGUAGE OF THE PLAN
	<b>ADDITIONAL APPROVALS:</b>	<input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached
<b>NOTES:</b>		ADD ANYTHING ELSE HERE YOU FEEL YOU MAY NEED TO PROVIDE CLARIFICATION

POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
08-28	08-27	ACT*ACSA REGION 7 877-551-5560 CA PUR ID: nHyWeX3w70883870 TAX: 0.00	24692163239000326430701	7399	319.66

3. If you need to add an additional account code(s)  
 ○ Left click on the row number next to "Account Code"

19	<b>TRANSACTION DATE:</b>	07/02/22
20	<b>VENDOR NAME:</b>	Solution Tree
21	<b>DESCRIPTION:</b>	Conference Registration for Principal, AA, Teacher and LD on 7/25-7/29 in Las Vegas, NV
22	<b>3 ACCOUNT CODE:</b>	XX-XXXX-X-XXXX-XXXX-XXX-XXXX-XX <b>AMOUNT \$</b> 1000.00
23	<b>PLAN REFERENCE:</b>	
24	<b>ADDITIONAL APPROVALS:</b>	<input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached
25	<b>NOTES:</b>	

- Click “Copy” from the ribbon on the “Home” tab at the top of the page



- Right click on the number of the row just below the Account Code row that you just copied and choose “Insert Copied Cells”

19	<b>TRANSACTION DATE:</b>	07/02/22
20	<b>VENDOR NAME:</b>	Solution Tree
21	<b>DESCRIPTION:</b>	Conference Registration for Principal, AA, Teacher and LD on 7/25-7/29 in Las Vegas, NV
22	<b>ACCOUNT CODE:</b>	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX <b>AMOUNT \$</b> 1000.00
23	<b>PLAN REFERENCE:</b>	
24	<b>ADDITIONAL APPROVALS:</b>	<input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached
25	<b>NOTES:</b>	

- Enter the new Account Code information and split the dollar amounts appropriately (repeat as needed)

19	<b>TRANSACTION DATE:</b>	07/02/22
20	<b>VENDOR NAME:</b>	Solution Tree
21	<b>DESCRIPTION:</b>	Conference Registration for Principal, AA, Teacher and LD on 7/25-7/29 in Las Vegas, NV
22	<b>ACCOUNT CODE:</b>	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX <b>AMOUNT \$</b> 1000.00
23	<b>ACCOUNT CODE:</b>	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX <b>AMOUNT \$</b> 500.00
24	<b>ACCOUNT CODE:</b>	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX <b>AMOUNT \$</b> 500.00
25	<b>PLAN REFERENCE:</b>	
26	<b>ADDITIONAL APPROVALS:</b>	<input type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached
27	<b>NOTES:</b>	

- The additional approvals line is to be used after you have printed your sheet to verify you did attach all the proper approvals for that transaction

12	<b>TRANSACTION DATE:</b>	07/01/22
13	<b>VENDOR NAME:</b>	Amazon
14	<b>DESCRIPTION:</b>	Instructional Supplies purchased for kinder classroom
15	<b>ACCOUNT CODE:</b>	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX <b>AMOUNT \$</b> 55.66
16	<b>PLAN REFERENCE:</b>	Title I - Goal B pg. 18 StrategyActivity 3
17	<b>ADDITIONAL APPROVALS:</b>	<input checked="" type="checkbox"/> Ed Services Approval Attached <input type="checkbox"/> \$1,000 Limit Approval Attached
18	<b>NOTES:</b>	

- Once you have completed the reconciliation for all transactions on your statement, move on to the Summary

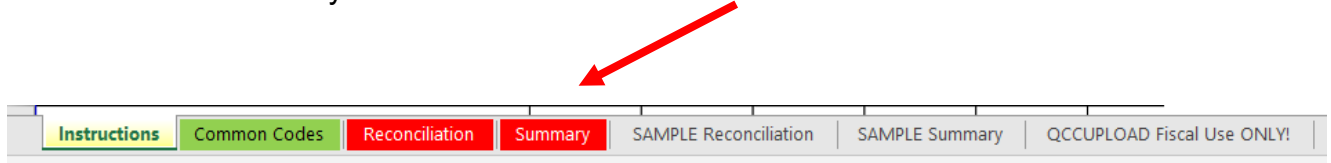
# RECONCILIATION SUMMARY SPREADSHEET INSTRUCTIONS

1. Print your Reconciliation, highlight all your transactions and go to file print, and print selection only.

CAL-CARD RECONCILIATION FORM			
CARD-HOLDER'S NAME:	Joe Cardholder		
STATEMENT DATE:	09/23/13		
TRANSACTION DATE:	08/27/13		
VENDOR NAME:	ACSA Region 7		
DESCRIPTION:	Conference Expense - CEL Fall Workshop		
ACCOUNT CODE:	11-2222-3-4444-5555-6666-777-8888	AMOUNT:	\$319.66
TRANSACTION DATE:	08/28/13		
VENDOR NAME:	NCS Pearson		
DESCRIPTION:			
ACCOUNT CODE:	11-2222-3-4444-5555-6666-777-8888	AMOUNT:	\$50.00
ACCOUNT CODE:	22-3333-4-5555-6666-7777-888-9999	AMOUNT:	\$60.02
TRANSACTION DATE:			
VENDOR NAME:			
DESCRIPTION:			
ACCOUNT CODE:			
TRANSACTION DATE:			
VENDOR NAME:			
DESCRIPTION:			
ACCOUNT CODE:			

The screenshot shows the Microsoft Excel Print dialog box. On the left is a green navigation pane with options: Info, New, Open, Save, Save As, Save as Adobe PDF, History, Print (selected), Share, Export, Publish, Close, Account, Feedback, and Options. The main area is titled 'Print' and includes a 'Copies' dropdown set to 1, a 'Print' button, and a 'Printer' section showing 'Liz's Printer' with a status of 'Ready: 1 document waiting'. Below this is the 'Settings' section with several options: 'Print Active Sheets' (selected), 'Print Active Sheets' (Only print the active sheets), 'Print Entire Workbook' (Print the entire workbook), 'Print Selection' (Only print the current selection, highlighted with a red arrow), and 'Ignore Print Area'. At the bottom, there are options for 'Letter' (8.5" x 11"), 'Custom Margins', and 'Fit All Columns on One Page' (Shrink the printout so that it...). A 'Page Setup' link is at the bottom right.

2. Click on the Summary tab at the bottom of the screen



3. List each account code you used on the summary sheet (you only need to list the code one time) If you run out of cells to list amounts, list the code on the next line

2							
3	<b>CARD-HOLDER'S NAME:</b>	<b>John Smith</b>					
4	<b>STATEMENT DATE:</b>	<b>7/22/2022</b>					
5	MASTER CAL CARD # 4246 0445 5562 9397						
6	<b>Account Code</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amount</b>	<b>Amou</b>
7	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	55.66	2,944.05				
8	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	1,000.00	235.60				
9	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	500.00					
10	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	500.00					
11	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	647.88					
12	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	105.99	(123.55)				
13	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	77.99					
14	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	34.85					
15	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	176.77					

4. Next to the account code, list each amount that was charged to that funding code (the total will automatically calculate at the end of each row)

6	Account Code	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Total	Use Tax
7	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	55.66	2,944.05									2,999.71	
8	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	1,000.00	235.60									1,235.60	
9	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	500.00										500.00	
10	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	500.00										500.00	
11	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	647.88										647.88	
12	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	105.99	(123.55)									(17.56)	
13	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	77.99										77.99	
14	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	34.85										34.85	
15	XX-XXXX-X-XXXX-XXXX-XXXX-XXX-XXXX-XX	176.77										176.77	

