UNIVERSITY OF
South Carolina

Date: 00/00/0000
To: USC Controller's Office
From: Name/Title
Re: Unauthorized Purchase - Corrective Action Memo

Transaction Information

Supplier/Payee: _____ **Transaction Date:** _____

Amount: _____

Individual Who Incurred the Expense: _____

Goods or Services: _____

Facts and Circumstances
On [date], [individual] incurred an expense of $[amount] for [describe goods/services and University business purpose].

The purchase was made before the required University purchasing and payment process was completed. Specifically, [describe what occurred, for example, the individual paid the supplier directly before the department initiated the required process].

The expense was incurred for the following University business purpose: [specific explanation].

The department acknowledges that the appropriate University purchasing and payment process should have been followed before the obligation was incurred.

Reason the Required Process Was Not Followed
The required process was not followed because [provide a factual explanation of the circumstances].

This explanation is provided to document the circumstances and is not intended to establish an exception to University purchasing requirements.

Corrective Action
To reduce the likelihood of recurrence, the department will:

- Review the applicable purchasing and Accounts Payable requirements with personnel responsible for initiating purchases and payments.
- Require personnel to determine the appropriate purchasing and payment method before committing University funds or personally paying an expense on the University's behalf.
- Direct questions concerning allowable payment methods or reimbursement requirements to the appropriate central office before a transaction occurs.
- [Describe any additional department-specific corrective action.]

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Ratification Request
As Department Head, I acknowledge the circumstances described above and request review and ratification of this unauthorized purchase in accordance with applicable University requirements.

I understand that submission of this memo does not guarantee approval or payment and that the transaction remains subject to review by the appropriate University office.

Department Head:
[Name]
[Title]
[Signature/Date]

UNIVERSITY OF
South Carolina

Date: 00/00/0000
To: USC Controller's Office
From: Name/Title
VIA: Director/AVP
VIA: Supervisor
Re: Membership Justification – [Organization Name]

Membership Information

Organization: _____

Membership Type: [Departmental/Institutional/Individual]

Membership Period: _____ **Amount:** _____

Business Justification

[Department Name] is requesting payment of membership dues to [Organization Name]. This membership is reasonable, justifiable, and necessary to benefit the University because [describe the specific University business purpose and operational need].

The membership provides the University with [describe specific institutional benefits, for example, access to resources used in University operations, institutional research resources, professional or industry information needed by the department, collaborative opportunities, or other specific benefits].

The membership supports [identify the applicable University program, department function, responsibility, or initiative] by [explain specifically how].

Although the membership may be associated with or used by [employee/title, if applicable], the primary benefit of the membership is to the University rather than solely to the individual.

Funding and Supporting Documentation

The membership will be charged to [fund/project, if appropriate]. [If sponsored funding is involved: The department has reviewed the applicable sponsored-award requirements and restrictions.] The applicable invoice, renewal notice, or other supporting documentation is included with the payment request.

I certify that the information above accurately describes the University business purpose and institutional benefit of this membership.

Prepared By:		**Approved By:**	
Name:	_____	Name:	_____
Title:	_____	Title:	_____
Date:	_____	Date:	_____

UNIVERSITY OF
South Carolina

Date: 00/00/0000
To: USC Controller's Office
From: Name/Title
Re: Missing Receipt/Cash Payment Affidavit

Reimbursement Information

Individual Seeking Reimbursement: _____

Amount: _____

Campus/Department: _____

Business Purpose and Expense Details

The expense was incurred for the following University business purpose:
[Describe specifically what was purchased, why it was necessary for University business, and the event/program/activity supported.]

Items purchased/services received:
[Provide sufficient detail to identify what was purchased.]

Missing Receipt Explanation

The original itemized receipt is unavailable because:
[Explain what happened to the receipt or why one was not obtained.]

I attempted to obtain replacement documentation from the vendor by [describe attempts, including dates/contact method], but was unable to obtain a duplicate receipt.

[Any available alternative supporting documentation is attached.]

Certification

I certify that:

- The expense described above was actually incurred and paid by me in the amount stated.
- The expense was incurred for the University business purpose described above.
- I have not previously received reimbursement for this expense and will not seek reimbursement from another source.
- The information provided in this affidavit is complete and accurate to the best of my knowledge.
- I understand that this affidavit does not guarantee reimbursement and that Accounts Payable may request additional documentation or determine that the expense cannot be reimbursed.

UNIVERSITY OF
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Prepared By:

Name: _____

Title: _____

Date: _____

Approved By:

Name: _____

Title: _____

Signature: _____

Date: _____