

1. Cardholder Responsibility

Cardholders are responsible for reviewing their statement transactions and optionally dividing the expenditures for their transactions between departmental accounts. This section will review how to review transactions, divide expenditures, and certify a statement once all activity for the billing cycle is completed.

2. SUNY Portal – Financial Management Systems

Log in using SUNY Portal Credentials:

[Username: Firstname.Lastname@downstate.edu], [Password: SUNY Portal Password] Log into the SUNY Employee Services Portal, and select the FMS (Finance & Management System) link, under the Business Systems Applications tab.





3. Cardholder Statement

From the Finance drop-down menus, select **Cardholder Statement** under the Procurement Card heading.

< →	C C M https://w	come:: JROSEN Campus: 28100 - +	financials.jst					
s SU	NY SECURE SU	NY Financials						
Workflow	Finance - Human Res	ources 🔻 HR Home						
	Procurement	Workflow						
_	Item Requisition	Manage Approval Trees						
	Misc Requisition	Procurement Card						
	Item Purchase Order Misc Purchase Order	Department						
		Maintenance	Welcome To SUNY Finan	cials				
	SUNY Contract	Cardholder Maintenance						
	Batch Printing	Cardholder Statement	Global Document Sea	rch			2	
	Accounting Journals	Campus Statements						
	Expenditure Journal		Document Number 6	(1 0	Document Vender Name A	10 T	Created Date:	Campure
	Receiving		No records found	Document Types	Document vendor Maine \$	Created by	Created Dates	Campus
	Receiving Process			(1 0	(f 1) (a) (a) (b) (b)	10 •		
	Accounts Payable		-					
	Standard Voucher							
	Employee Reimbursement							
	Refund Voucher							

A new cardholder will automatically be taken to the Welcome/Setting page. Review information, updating Default Account Number if needed and click **Save or Return to Home** at the bottom of the page.

	time from the link on the top right side of the page.
ogin Information	
Your SUNY ID:	Change
Your SCSO ID:	Change
eneral Settings	
Home Page: Ca	ardholder Statement
ardholder Settings	
N	IOTE: If any of the below contact information is incorrect, please contact your Program Administrator.
N Cardholder Name: •	OTE: If any of the below contact information is incorrect, please contact your Program Administrator. Card Number: ********
N Cardholder Name: Phone Number:	IOTE: If any of the below contact information is incorrect, please contact your Program Administrator. Card Number: ******** E-mail Address: ****
N Cardholder Name Phone Number Default Account Number	IOTE: If any of the below contact information is incorrect, please contact your Program Administrator. Card Number: ******** E-mail Address: differences
N Cardholder Name Phone Number Default Account Number Notes:	IOTE: If any of the below contact information is incorrect, please contact your Program Administrator. Card Number, E-mail Address;
N Cardholder Name Phone Number Default Account Number Notes:	IOTE: If any of the below contact information is incorrect, please contact your Program Administrator. Card Number E-mail Address:



To return to this Welcome/Settings page, click **Your Settings** in the upper right-hand corner of the screen.



4. Statement View

To review transactions, click on **Cardholder Statement** via the Finance menu. The following page will be displayed.

	Statement Cycle: Mar 07 2015	Apr 06 2015 (Not Certified)				
Statement In	formation Statement Date: April 6, 2015 Cardholder Name	1	Cardholder Cert Default	tification: Not Certified Account: 9001740000	4	
Statement	Transaction Count: 3		SFS Journal	Number: P004186		
Statement	Transaction Count: 3		SFS Journal	Number: P004186		
Statement itatement Det rans. Date≎	Transaction Count: 3 ail Vendor Name	⇒ Trans. Description ⇒	SFS Journal	Number: P004186	Funding Amount	Actions
Statement Statement Det rans. Date¢ 3/31/2015	Transaction Count: 3 ail Vendor Name RACHELS MEDITERRANEAN	C Trans. Description ≎ Eating Places, Restaurants	SFS Journal Account Number(s) 9001740000	Number: P004186 Trans. Amount ≎ \$176.00	Funding Amount \$176.00	Actions e Edit
Statement Det rans. Date¢ 3/31/2015 3/28/2015	Transaction Count: 3 ail Vendor Name RACHELS MEDITERRANEAN RACHELS MEDITERRANEAN	C Trans. Description Eating Places, Restaurants Eating Places, Restaurants	SFS Journal Account Number(s) 9001740000 9001740000	Number: P004186 Trans. Amount ¢ \$176.00 \$186.25	Funding Amount \$176.00 \$186.25	Actions © Edit © Edit
Statement Det rans. Date¢ 3/31/2015 3/28/2015 3/22/2015	Transaction Count: 3 ail Vendor Name RACHELS MEDITERRANEAN RACHELS MEDITERRANEAN TOPS MARKETS #042	C Trans. Description ↓ Eating Places, Restaurants Eating Places, Restaurants Grocery Stores, Supermarkets	SFS Journal Account Number(s) 9001740000 9001740000 9001740000	Number: P004186 Trans. Amount \$176.00 \$186.25 \$14.99	Funding Amount \$176.00 \$186.25 \$14.99	Actions © Edit © Edit © Edit



5. Statement Cycle

Select any billing cycle on record via the Statement Cycle drop-down.

- Select Period	
Statement Cycle:	Mar 07 2015 - Apr 06 2015 (Not Certified)
- Statement In	Jun 07 2015 - Jul 06 2015 (Working) May 07 2015 - Jun 06 2015 (Not Certified)
Statement Date: A	Apr 07 2015 - May 06 2015 (Not Certified)
Cardholder Name:	Mar 07 2015 - Apr 06 2015 (Not Certified)
Statement Transaction Count: 3	3

6. Statement Detail

Information about the currently selected billing cycle, along with a detail view on transactions for the selected billing cycle. The transactions are sorted by transaction date in descending order (i.e. latest transactions first), transactions can also be custom-sorted by clicking any table header with an arrow.

Statemen	Statement Date: April 6, 2015 Cardholder Name: t Transaction Count: 3	l	Cardholder Ce Default SFS Journa	rtification: Not Certified Account: 9001740000 Il Number: 4186	a	
Statement De Trans. Date≎	tail Vendor Name ≎	Trans. Description \$	Account Number(s)	Trans. Amount ^	Funding Amount	Actions
03/22/2015	TOPS MARKETS #042	Grocery Stores, Supermarkets	9001740000	\$14.99	\$14.99	ø Edit
03/31/2015	RACHELS MEDITERRANEAN	Eating Places, Restaurants	9001740000	\$176.00	\$176.00	ø Edit
03/28/2015	RACHELS MEDITERRANEAN	Eating Places, Restaurants	9001740000	\$186.25	\$186.25	© Edit



The **Trans. Description** is based on the vendor MCC (Merchant Category Code) and cannot be changed. But if the Description looks inaccurate, it is likely that the Object Code should be edited and corrected.

7. Transaction Details

To view detailed information on a transaction, click the Edit button in the rightmost column for the transaction to be viewed. The following page will then be displayed.

			ØE	dit Funding		
0	9001740000		2014	534000	\$186.25	
Select	Account Numbe	r	Fiscal Year	Sub Object	Amount	Description
Funding	Information					
	Commodity Code:	P	-Contract Number:	142280000	J	J
	City:		State: NV	ZIP: 142280000	Country:	1
	Vendor Name:	RACHELS MEDI	TERRANEAN			
	VISA Ref Number:	2476933508813	80888540631	Amount: \$186.25		
	Purchase Date:	03/28/2015				



8. Transaction Details (codes)

The Transaction Details section will list information about the selected transaction that was received from Citibank, including reference number, transaction amount, and vendor information. This information is read-only. Optionally, an OGS Commodity Code or Statewide Contract number may also be entered for this transaction.

Purchase Date:	03/28/2015		
VISA Ref Number:	247693350881308885406	Amount:	\$186.25
Vendor Name:	RACHELS MEDITERRANE	AN	
City:	AMHERST	ate: NY ZIP:	142280000 Country: 11

9. Edit Funding

The Funding Information section shows the expenditure(s) associated with this transaction. To change this information before certifying, click **Edit Funding**.

Select	Account Number	Fiscal Year	Sub Object	Amount	Description
0	9001740000	2014	534000	\$186.25	

The following page will be displayed for changing funding. The Account Number, SUNY Sub Object Code, and Fiscal Year can be changed to refer to a different campus account. some Account numbers may not be available for use based on the user's Account security.



Account Number.	9001740000 -
* Sub Object Code:	534000 - FOOD AND BEVERAGE
* Fiscal Year.	2014 \$186.25
unding Description:	

The Object Code listing can be found on the BI (SUNY Business Intelligence) Reference dashboard, and frequently used codes can be found on the web here:

https://www.downstate.edu/finance/documents/expenditure-objects-commonly-used-transactional-07-01-2017-updated-06-22-18.pdf



10. Save Transaction

Once all changes for the transaction are completed, click Save on the **Transaction Details** page.

Purchase Date: VISA Ref Number: Vendor Name:		03/28/2015 247693350881	30888540631	Amount: \$186.25		
Funding	City: Commodity Code:	AMHERST	State: NY	ZIP: 142280000	Country: US]
Select	Account Numbe	r	Fiscal Year	Sub Object	Amount	Description
0	9001740000		2014	534000	\$100.00	First split
0	8608850000		2014	534000	\$86.25	Second split
			a E	dit Funding		

11.Certify

The below shows the transactions on the example billing cycle with one transaction having split funding. The Certify button will not become available if the transaction amount and funding amount do not equal. In this example, however, the funding and transactions are in balance, so certification is allowed. Once the transaction changes are complete and the billing cycle is closed, click **Certify**.



Trans. Date≎	Vendor Name \$	Trans. Description \$	Account Number(s)	Trans. Amount •	Funding Amount	Actions
03/22/2015	TOPS MARKETS #042	Grocery Stores, Supermarkets	9001740000	\$14.99	\$14.99	🗢 Edit
03/31/2015	RACHELS MEDITERRANEAN	Eating Places, Restaurants	9001740000	\$176.00	\$176.00	🛱 Edit
03/28/2015	RACHELS MEDITERRANEAN	Eating Places, Restaurants	9001740000 8608850000	\$186.25	\$186.25	e Edit
			Statement/Funding Total:	\$377.24	\$377.24	

Read and accept the disclaimer. If any comments for this billing cycle certification are needed,

enter them in the comments section, then click Certify.

I certify t are correct and required approved by the Program prohibited by statute or	that the purchases an to fulfill the mission m Administrator, are by my Campus.	d amounts listed on this ac of my Campus, do not exc not for my personal use an	count statement eed spending limits d are not for items
Date: June 2	5, 2015		
Reason/Comments:			



Stateme	Cardholder Name: Int Transaction Count:	4	ber 6, 2018		Cardholder Certification Default Accoun SFS Journal Numbe	t 3213130000 r. WI49926	018	
Statement D	etail							
Trans. Date	Vendor Name	•	M/WBE Certification	Trans. Description 0	Account Number(s)	Trans. Amout	Funding Amount	Actions
10/02/2018	BOSTON MEDICAL PRODUCTS I			Dental, Hospital, Lab Equipment And Supplies	3513060000	\$259.00	\$259.00	₽ View
10/01/2018	DUPLI ENVELOPE GRAPH	8		Copy - Quick Copy and Reproduction Service	3213700000	\$474.73	\$474.73	P View
09/06/2018	MECTRA LABS INC	1		Dental, Hospital, Lab Equipment And Supplies	3513060000	\$3,000.00	\$3,000.00	P View
09/06/2018	GETINGE USA SAL	ES		Dental, Hospital, Lab Equipment And Supplies	3513060000	\$18,811.92	\$18,811.92	P View
				Sta	tement/Funding Total:	\$22,545.65	\$22,545.65	

Print and sign the Certification Page to be included in the billing cycle reconiliation package submission.

HERE CONTRACTOR AND	grand/summary/statement	n summary juli do \$1130			8	Concision N see s support	E Life income El mit	pece unergy •	8.8.
Bill	ling Period:	09/07/2018 to 10/06/2018	Cardholder Name:		^				
Tra	ansaction Count:	4	SFS Journal Number:	W149926		-			
Sta	atement Amount:	\$22,545.65	Certification Status:	Certified 12/10/2018 by					
L sta e: my	, ce atement are corre exceed spending i y personal use an	ertify that the purcl ect and required to limits approved by id are not for items	hases and amounts li fulfill the mission of the Program Admini s prohibited by statu	sted on this account my Campus, do not istrator, are not for te or by my Campus.					
Car	rdholder Sign:								
Dat	te:				_				
Dat	te: pervisor Sign:								
Dat Sup Dat	te: pervisor Sign: te:					Cardholder Certification	Certified 12/10/2	018 by	
Dat Sup Dat	te: pervisor Sign: te: mments:					Cardholder Certification Default Account SFS Journal Numbe	1 Certified 12/10/2 1: 3213130000 1: W149926	018 by	
Dat Sup Dat	te: pervisor Sign: te: mments:	1	Print		.100% •	Cardholder Certification Default Account SFS Journal Numbe	1 Certified 12/10/2 2 3213130000 7 W149926	018 by	
Dat Sup Dat	te: pervisor Sign: te: mments:	VietoNee	Print		,130%	Cardholder Certification Default Accoun SFS Journal Numbe	Certified 12/10/2 : 3213130000 : W149926	018 by	
Dat Sup Dat	te: pervisor Sign: te: mments: Trans. Da@ 10/02/2018	Vendor Name BOSTON MEDIC PRODUCTS I	Print O M/WBE Cer	rtification Trans. Description	,10% • on ¢ Lab Equipment	Cardholder Certification Default Account SFS Journal Number Account Number(s) 3513060000	Certified 12/10/2 2 3213130000 W149926 Trans. Amoudt \$259.00	018 by Funding Amount \$259 00	Actions A View



Once certification is completed, the page will update to show that this statement has been certified. If any changes are needed before the statement is certified by the campus, click **Uncertify** to undo the certification and make any necessary changes.

- Select Period	d Statement Cycle: Mar 07 201	5 - Apr 06 2015 (Certified)	<	;			
• Statement I	formation Statement Date: April 6, 2015 Cardholder Name:	-		Cardholder Cer	tification: Certified 06 Account: 9001740000	5/25/2015 by	
Statemen	t Transaction Count: 3			SFS Journal	Number: P004186		
Statemen Statement De	t Transaction Count: 3			SFS Journal	Number: P004186		
Statemen itatement De rans. Date≎	t Transaction Count: 3 tail Vendor Name	Trans. Description	0	SFS Journal	Number: P004186	Funding Amount	Actions
Statement De rans. Date≎ 3/22/2015	t Transaction Count: 3 tail Vendor Name TOPS MARKETS #042	Trans. Description Grocery Stores, Supermarkets	0	SFS Journal Account Number(s) 9001740000	Number: P004186 Trans. Amount \$14.99	Funding Amount \$14.99	Actions
Statement itatement Dec rans. Date≎ 3/22/2015 3/31/2015	Vendor Name TOPS MARKETS #042 RACHELS MEDITERRANEAN	 Trans. Description Grocery Stores, Supermarkets Eating Places, Restaurants 	0	SFS Journal Account Number(s) 9001740000 9001740000	Number: P004186 Trans. Amount~ \$14.99 \$176.00	Funding Amount . \$14.99 \$176.00	Actions P View P View
Statement De rans. Date© 3/22/2015 3/31/2015 3/28/2015	t Transaction Count: 3 tail Vendor Name TOPS MARKETS #042 RACHELS MEDITERRANEAN RACHELS MEDITERRANEAN	 Trans. Description Grocery Stores, Supermarkets Eating Places, Restaurants Eating Places, Restaurants 	0	SFS Journal Account Number(s) 9001740000 9001740000 9001740000 8608850000	Number: P004186 Trans. Amount ~ \$14.99 \$176.00 \$186.25	Funding Amount \$14.99 \$176.00 \$186.25	Actions P View P View P View

The deadline for certifying PCard activity in the SUNY Portal FMS (Finance & Management System) and submitting the supporting package monthly is the **10th day of the following month**. (*Example June 2019 packages are due 8/10/19*.

All packages should include a copy of:

- ✓ Signed, authorized certification page
- ✓ the PCard statement
- ✓ supporting documentation Approved rquistions, (Invoice/Receipt).

For system Issues please contact Robert Robinson - Robert.Robinson@downstate.edu.