

Attachment E-Non-Compliance Form

# Interoffice MEMORANDUM

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**TO:** Cardholder Name

**FROM:** Kathleen Santrock  
Rebecca Torres

**INF:** Cardholder's Supervisor

**SUBJECT:** DCBA Card Program Policy Non-Compliance

Vendor: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Date: \_\_\_\_\_

This memo is to inform you that the attached transaction is in non-compliance to the DCBA Card Program Policy for DCBA of goods and services due to one or more of the following reasons:

- \_\_\_\_\_ Late Expense reports \_\_\_\_\_ 1<sup>st</sup>, \_\_\_\_\_ 2<sup>nd</sup>, \_\_\_\_\_ 3<sup>rd</sup>
- \_\_\_\_\_ Unacceptable purchase.
- \_\_\_\_\_ Insufficient backup documentation.
- \_\_\_\_\_ Insufficient budgeted funds.

The (Department Name)/ (Cardholder) has a total of \_\_\_\_\_ non-compliance as of (Date) for the fiscal year \_\_\_\_\_. We encourage you to process all future transaction in accordance with the DCBA Card Program Policy.