AGENCY MONTHLY RECORD OF P-CARD VIOLATIONS
CO-510 (07/2026)

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER

FY: ☐☐ BILLING MONTH: ☐

SECTION A - AGENCY INFORMATION

☐ **REVISED** _____

AGENCY NAME			BUSINESS UNIT	CONTACT PHONE
ADDRESS			COORDINATOR NAME	
CITY	STATE	ZIP CODE	EMAIL ADDRESS	

SECTION B - VIOLATIONS

STATE or AGENCY POLICY	VIOLATION CATEGORY (See Instructions)	IF "OTHER" DESCRIPTION (Check Box if Self-Reported)	DATE OF VIOLATION	CARDHOLDER/ CARD USER	LAST "4" DIGITS OF CARD	ENFORCEMENT ACTION TAKEN (See Instructions)
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SECTION C - CERTIFICATION

By signing below, I certify that the information provided above is accurate and complete.

COORDINATOR NAME	DATE
SIGNATURE	

By signing below, I approve the agency P-Card Coordinator's report to be transmitted to the Comptroller according to CGS § 4-98 for annual reporting.

APPROVER NAME	TITLE
SIGNATURE	DATE