PURCHASING CARD MISSING RECEIPT FORM

This form is to be used only if the original receipt is missing. Please fill out and retain with your monthly statements. It must be filled in completely and signed by your Supervisor.

Cardholder: ___________________________  Account #: ___ ___ ___ __
           (Last 4 digits)
Approver: ___________________________

Transaction Reviewed   Y   N         Transaction Approved   Y   N

Date of Transaction: ___________       Amount: _______________________

Merchant: _______________________________

Reason for missing receipt, invoice, or legitimate proof of purchase:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Alternate documentation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Supervisor Signature: ________________________________
Date: __________________________

Cardholder Signature: ________________________________
Date: __________________________