

Receipt Information

MISSING RECEIPT AFFIDAVIT

(Use this form to document a P-Card transaction when the original or copy of receipt is not available)

Date of Purchase:	Amount Paid: \$
Vendor Name:	Vendor City and State:
Description of Item(s) Purchased (list items on the rev	verse side of this document if necessary):
Purpose of the Purchase:	
STATEMENT OF REA	SON FOR MISSING RECEIPT
<u>CLAIMAN</u>	T CERTIFICATION
Date:	
I,	
(Cardholder Name)	(Title)
(Department Name)	(Department Telephone #)
Certify that the foregoing Procurement Card tran made every effort to obtain a copy of the receipt information is true and accurate, and the amount	
Cardholder Signature:	Date
Reconciler Signature:	Date
Department Head Signature:	Date
Vice President/President Signature (whichever is application Required ONLY when the Department Head is Cardholder)	cable) Date