

Missing Receipt Form

Cardholder Name: _____

Vendor/Merchant Name: _____

Amount of purchase: _____ Date of purchase: _____

Item(s) purchased: _____

Purpose/Benefit: _____

An attempt was made to obtain a copy of the receipt and was unsuccessful. I understand although I am attaching this form in lieu of the receipt, this is a policy violation.

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____