

PCard Missing Receipt Form

This form is to be used as documentation for missing PCard receipts *ONLY* if the merchant cannot produce duplicate documentation. It is allowed only as a rare circumstance. The form is to be completed by the Cardholder and must be signed by the Cardholder, Departmental PCard Liaison and Department Head. **Repeated use of this form as a substitute for a receipt may result in suspension or cancellation of the PCard.**

Cardholder Name or Department Card Name: _____

Trans ID# _____ eDoc # _____ Transaction Amount: _____

Post Date: _____ Merchant Name: _____

Contact Name (person using PCard if Department Card): _____

Why is the receipt missing?

What attempts have been made to request a duplicate receipt from the merchant? (Please include names, dates, phone numbers or emails used in requesting documentation from the merchant.)

Itemize the Purchase:

Description of Item	Cost of Item	Tax Paid
Total		

Business Purpose – Please provide detailed UA business purpose for the purchase:

Cardholder Signature _____ Date _____

By signing this form, I validate that the above listed item(s) were purchased and that every attempt was made to obtain an itemized receipt from the merchant.

Liaison Signature _____ Date _____

Department Head Signature _____ Date _____