

Missing Receipt Form

For internal use only, retain with the monthly statement.

This form is to be used as documentation only if the original receipt is unavailable and attempts have been made to acquire a duplicate receipt from the vendor. This form must be filled out completely and signed by a supervisor.

Name of Cardholder: _____

Brief explanation why the original receipt is missing: _____

Vendor Name: _____

Vendor City and State: _____

Date order was placed: _____

Item Description	Business Purpose	Item Price
Receipt Total:		

Supervisor Name: _____

Supervisor Signature: _____ Date: _____