

**MISSOURI WESTERN STATE UNIVERSITY
PROCUREMENT CARD PROGRAM
MISSING RECEIPT FORM**

This form should be completed for any procurement card transaction that does NOT have an itemized receipt from the vendor. Acceptance of this form in lieu of the original receipt is at the discretion of the Procurement Auditor.* If the form is not accepted, the cardholder must reimburse the University for the amount of the transaction.

Cardholder Name:	Department Name:
Vendor Name:	Transaction Date (mm/dd/yyyy)
Transaction Amount \$	

<u>Description of Goods or Service</u>	<u>Quantity</u>	<u>Cost Per Item</u>	<u>Total Cost</u>

REASON ORIGINAL ITEMIZED RECEIPT IS NOT AVAILABLE

CARDHOLDER HAS MADE THE FOLLOWING ATTEMPTS TO OBTAIN RECEIPTS OR DOCUMENTATION

CERTIFICATION SIGNATURES:

I hereby certify the following:

- All goods or services purchased on the p-card transaction were for University use. No personal purchases were made.
- I will not seek reimbursement from the University in any other manner for this transaction.
- Original itemized receipt is not in my possession for the reasons stated above.
- I acknowledge that repeated lack of documentation could result in revocation of the p-card.

Cardholder: _____ Date: _____

Department chair/Director: _____ Date: _____
(If the cardholder is the department chair/ Director, please obtain signature from the Vice President)

****Only TWO missing receipts will be accepted per individual for every Fiscal Year**

Instructions for Missing Receipt Form:

1. **Cardholder:** Cardholder name
2. **Vendor:** Vendor where purchase was made
3. **Transaction Amount:** Amount of missing receipt
4. **Department Name:** Department where charge is to be made
5. **Transaction Date:** Date on statement that coincides with the missing receipt
6. **Description of Goods or Service:** Give a description of what was purchased.
7. **Quantity:** How many was purchased
8. **Cost per Item:** Cost per items (If numerous things are purchased give a lump sum)
9. **Total Cost:** Total dollar amount from missing receipt
10. **Reason Original itemized receipt is not available:** Why is the receipt missing
11. **Cardholder has made the following attempts to obtain receipts or documentation:** Must try to make at least one or more attempts to retrieve the missing receipt.
12. **Cardholder:** Cardholder must sign and date verifying the charge is theirs.
13. **Department chair/ Director:** Must receive appropriate signature from department chair or director. Recognizing who the missing receipt is from and authorizes the charge to the department.