

# P CARD MISSING RECEIPT FORM

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Transaction Date: \_\_\_\_\_ S# \_\_\_\_\_

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Acct: \_\_\_\_\_

Description of items: **(Purchase must be itemized)**

QTY

COST

Description of items: <b>(Purchase must be itemized)</b>	QTY	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Shipping \_\_\_\_\_

Total \_\_\_\_\_

Justification for missing receipt: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List attempts for obtaining a duplicate receipt: \_\_\_\_\_

Date	Name	Phone #	Resolution
1			
2			
3			

I hereby certify that this transaction is for state business, within the guidelines set forth by the WV Purchase Card Program and was paid for with the Purchase Card.

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PC Coordinator Approval: \_\_\_\_\_

Date: \_\_\_\_\_