



MISSING RECEIPT FORM

CPS # _____

For internal use only; Scan and Retain with the Monthly Statement

This form will only be allowed as a rare circumstance.

This form is to be used as documentation only if the actual receipt or invoice is unavailable and you have made a good faith effort to obtain a duplicate receipt from the vendor. It must be filled out COMPLETELY and signed by the Cardholder and their Supervisor. *Cardholders may be required to reimburse their department if the circumstances are questionable.

CARDHOLDER'S NAME (PRINTED) _____
CARDHOLDER'S SIGNATURE: _____
Why is the original receipt or invoice missing? _____ (Explain in detail.)
Explain what effort was made to get a duplicate receipt (or web print-out): _____

VENDOR NAME	
VENDOR ADDRESS	
DATE ORDER PLACED	

Item Description	Business Purpose	Cost
		Order Total \$

SUPERVISOR'S NAME (PRINTED): _____
SUPERVISOR'S SIGNATURE: _____ DATE: _____