

PROCARD RECEIPT FORM

TO BE USED WHEN NO RECEIPT IS AVAILABLE

Transaction Date _____ Vendor _____

Description of Items _____

Amount _____

Receipt was (circle one) Lost Never Received Other _____

I attempted to redeem receipt on: (Date) _____ spoke with _____

Response Received _____

CARDHOLDER *LAST* NAME _____

CARD ACCT. NUMBER (last 4 digits only) xxxx-xxxx-xx xx - _ _ _ _

THIS RECEIPT MUST APPEAR ON YOUR TRANSACTION SUMMARY ON THE MONTH IT OCCURRED AND BE RETAINED AS A PERMANENT RECORD

“I certify the above transaction was a legitimate University business expense for which I was unable to obtain a receipt.”

Cardholder Signature Date

Supervisor Signature Date