Purchasing Card Missing Receipt Form

Millersville University of Pennsylvania

This form is to be completed and submitted with the monthly statement in lieu of the original receipt.

Cardholder Name: ______________________________________________

Card Number (last 4 digits):  _______________________________________

Cost Center or WBS  _____________________________________________

Date of Transaction:  _____________________________________________

Vendor Name:  __________________________________________________

This form is to be used only on the rare occasion that the original receipt is not available and a detailed explanation of all items must be listed below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Item Description</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total Amt</th>
</tr>
</thead>
<tbody>
<tr>
<td>(EXAMPLE) Jumbo paper clips</td>
<td>2</td>
<td>$1.98</td>
<td>$3.96</td>
<td></td>
</tr>
</tbody>
</table>

(If needed, continue list on back of sheet.)

$____________________ Total amount of purchase.

Submit a separate form for each missing receipt, and submit at month end with other receipt(s).

I certify that the amounts shown above were expended for MU business purposes:

Cardholder signature: ______________________________ (date) ____________

Responsible Person signature: ______________________________(date) ____________

(Financial Manager)