

Purchasing Card Missing Receipt Form

Millersville University of Pennsylvania

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

Cardholder Name: _____

Card Number (*last 4 digits*): _____

Cost Center or WBS _____

Date of Transaction: _____

Vendor Name: _____

Item	Item Description	Quantity	Unit Price	Total Amt
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

(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)