

PCard Missing Receipt Form

Cardholder _____ Vendor Name: _____

Address: _____

Transaction Date: _____ Transaction ID: _____

Fund: _____ Org: _____ Acct Code: _____

Description of items: (Purchase must be itemized)	Qty	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Shipping: _____	
	Total: _____	

Justification for missing receipt:

List attempts for obtaining a duplicate receipt:

	<i>Date</i>	<i>Name</i>	<i>Phone #</i>	<i>Resolution</i>
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 PCard.

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

PCard Coordinator Approval: _____ Date: _____