Missing Receipt Form

For ProCard or Expense Reimbursement Documentation

ProCard - or -	Expense Reimbursement	
Transaction ID (ProCa	rd):	
Transaction Date:	Posted Date:	
Merchant Name:		
Amount:		
Transaction Note (just	ification/business purpose):	
Explanation of why do	ocumentation is currently unavailab	le:
Provide details regardi	ng the efforts to obtain a copy of th	ne original receipt from the merchant:
Cardholder/Employee Na	nme	
Cardholder/Employee Sig	gnature	Date
Approvers Name		
Approvers Signature		Date

Submit this form to the appropriate department in lieu of missing ProCard or Expense Reimbursement documentation.

Procurement Card Administration

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