Pcard Missing Receipt Affidavit

Cardholder Name _____Today's Date _____

Date of purchase	Vendor or Merchant Name	Description of items	Cost

Cardholder Signature_____

Approver's Signature _____

** We encourage you to contact the merchant or vendor an ask for a duplicate receipt. MOST merchants can & will provide one
** Continued or recurring use of this from will result in revoking the Pcard.
** This sheet can be used for multiple missing receipts if needed.