

NC STATE UNIVERSITY

*Purchasing Department
PCard Program*



MISSING RECEIPT FORM

CPS # _____

For internal use only; Scan and Retain with the Monthly Statement

This form is to be used as documentation only if the actual receipt or invoice is unavailable and you have made a good faith effort to obtain a duplicate receipt from the vendor. **This form will only be allowed as a rare circumstance.** It must be filled out COMPLETELY and signed by the Cardholder and their Supervisor.

CARDHOLDER'S NAME (PRINTED) _____
CARDHOLDER'S SIGNATURE: _____
Why is the original receipt or invoice missing? (Explain in detail.) _____

VENDOR NAME	_____
VENDOR ADDRESS	_____
DATE ORDER PLACED	_____

Description	Business Purpose	Cost
		Order Total \$

SUPERVISOR'S NAME (PRINTED): _____
SUPERVISOR'S SIGNATURE: _____ DATE: _____