



KUTZTOWN UNIVERSITY/EAST STROUDSBURG UNIVERSITY
PURCHASING CARD PROGRAM
MISSING RECEIPT FORM

I, _____, am not in possession of the original receipt for the credit card transaction indicated below. (Receipt misplaced or never received by cardholder)

This form is submitted in lieu of the original receipt.

Cardholder Name: _____

Card Number: _____

Department: _____

Date of Transaction: _____

Vendor Name: _____

#	Item Purchased and Business Purpose	Quantity	Unit Price	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total \$ _____

I certify that the amounts shown above were expended for University business purposes.

Cardholder Name (PRINT): _____	Cardholder's Signature: _____	Date: _____
Supervisor's Name (PRINT): _____	Supervisor's Signature: _____	Date: _____

Forms must be filled out for EACH missing receipt. Please submit this form, along with your other receipts, transaction log and statement by the 15th of each month.