Southwestern Oklahoma State University

PURCHASE CARD PROGRAM
MISSING RECEIPT FORM

Cardholder Name:

Department:

Cardholder Phone:

Today's Date:

Card Number (Last four Digits):

Date of Purchase:

Merchant:

Amount of Purchase: $

Description of purchase:

Briefly describe the circumstances of missing receipt:

Cardholder signature: _____

Provide this report to your Budget Head, Comptroller and attach a copy to your monthly reconciliation documents.

NOTE: REPEATED LOSS OF RECEIPTS MAY BE GROUNDS FOR DISCONTINUING A CARDHOLDER'S PURCHASE CARD OR OTHER DISCIPLINARY ACTION.