

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 and ask for a duplicate receipt. MOST merchants can & will provide one.

** Continued or recurring use of this form will result in revoking the Pcard.

** **This sheet can be used for multiple missing receipts if needed.**