



WSSU

MISSING RECEIPT AFFIDAVIT

This form is to be used **only** when you have exhausted all avenues to obtain a copy of the missing receipt from the vendor. This is not to be used as a temporary fix until you get a receipt. Complete all information. Incomplete forms will be forwarded back to the cardholder.

Receipt Information

Date Purchased _____

Vendor _____ Amount Paid _____

Vendor Location (City) _____ State _____

Description of Item(s) _____

STATEMENT OF REASON FOR NOT HAVING RECEIPT:

CLAIMANT CERTIFICATION

Date: _____

(Cardholder Name)

(Title)

(Department Name)

(Department Telephone #)

I certify that the foregoing P-Card transaction receipt is not available or obtainable. I have exhausted all avenues to obtain a copy of the missing receipt. This information is true and accurate, and the amount shown is legally due.

*Cardholder Signature _____ Date _____

*Reconciler Signature _____ Date _____

*Department Head Signature _____ Date _____

* Required Signatures
