

OKLAHOMA PANHANDLE STATE UNIVERSITY

PURCHASE CARD PROGRAM

MISSING RECEIPT FORM

Cardholder Name \_\_\_\_\_ Department \_\_\_\_\_

Cardholder Phone \_\_\_\_\_ Date of this report \_\_\_\_\_

Card Number (last 4 digits) \_\_\_\_\_

Merchant \_\_\_\_\_ Date of Purchase \_\_\_\_\_

What Purchased \_\_\_\_\_ Cost \_\_\_\_\_

Briefly describe circumstances of missing receipt:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Provide this report to the Director of Purchasing as part of your monthly reconciliation paperwork.

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