

## **Missing Receipt Form**

## For internal use only, retain with the monthly statement.

This form is to be used as documentation only if the original receipt is unavailable and attempts have been made to acquire a duplicate receipt from the vendor. It must be filled out completely and signed by a supervisor.

| Name of Cardholder:  Brief explanation why the original receipt is missing: |                  |            |
|---|------------------|------------|
| Vendor Name:  |                  |            |
| Vendor City and State:  |                  |            |
| Date order was placed:  |                  |            |
|   |                  |            |
| Item Description  | Business Purpose | Item Price |
|   |                  |            |
|   |                  |            |
|   |                  |            |
|   |                  |            |
|   |                  |            |
|   |                  |            |
|   | Receipt Total:   |            |
| Supervisor Name:  |                  |            |
| Supervisor Signature: Date:   |                  |            |

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