



# Missing Receipt Affidavit

## PCard/SVCard Transactions

**Warning: Repeated use of this form as substitute documentation could result in a loss of card privileges.**

Card Number \_\_\_\_\_  
Date of Purchase \_\_\_\_\_  
Department Name \_\_\_\_\_

Cardholder Name \_\_\_\_\_  
Merchant Name \_\_\_\_\_  
Manager/Department Head Name \_\_\_\_\_

**DESCRIPTION, QUANTITY, COST OF EACH ITEM PURCHASED:**

Description	Quantity	Per Item Cost	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REASON ORIGINAL DOCUMENTATION IS NOT AVAILABLE:**

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

Attach any additional information, correspondence or justification about this transaction. Report the situation to the PCard administrator if the merchant repeatedly does not provide documentation.

**CARDHOLDER AFFIDAVIT SIGNATURE**

**I hereby certify the following:**

- All items purchased on this card were for University use and no personal purchases were made.
- I will not seek reimbursement in any other manner for this transaction.
- Original documentation is not in my possession for the reasons stated above.
- I acknowledge that repeated lack of documentation could result in revocation of my card.

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**BUDGET MANAGER/DEPARTMENT HEAD CERTIFICATION SIGNATURE AND ACTION**

*I hereby acknowledge lack of documentation from the merchant for this transaction and have made the following determination regarding the violation status of this transaction. Mark the appropriate category below and the action shown:*

- This transaction **is** considered to be a card violation. **Action:** Notify cardholder and advise that further violations may result in a suspension of card privileges
- This transaction **is not** considered to be a violation because through no fault of the cardholder, the receipt could not be obtained from the vendor.
- This transaction **is** considered a violation and **suspected fraud/misconduct**. **Action:** Report to PCard administrator.

Department Head Name \_\_\_\_\_ Signature \_\_\_\_\_