

**ARKANSAS TECH UNIVERSITY**

**P-CARD MISSING RECEIPT**

**Purchasing Department**  
**Russellville, AR 72801-2222**

**Tel: 479-968-0269**  
**Fax: 479-968-0633**

Date: \_\_\_\_\_

From: Cardholder Name: \_\_\_\_\_

Department: \_\_\_\_\_

Cardholder Phone No: \_\_\_\_\_

Last 4 Digits of Card No: \_\_\_\_\_

Merchant's Name: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Amount of Transaction: \$ \_\_\_\_\_

What was purchased: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe circumstances of missing receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Note: Provide a copy of this report to your Immediate Supervisor.**

**REPEATED LOSS OF RECEIPTS MAY RESULT IN SUSPENSION OF P-CARD PRIVILEGES.**