

ARKANSAS TECH UNIVERSITY

P-CARD MISSING RECEIPT

**Procurement and Risk Management Services
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.