

**ARKANSAS TECH UNIVERSITY**

**H-CARD MISSING RECEIPT**

Procurement and ~~HfUj Y`GYfj jWg~~.....  
Russellville, AR 72801-2222

Tel: 479-356-6209  
travel @atu.edu

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: \_\_\_\_\_

This form should be used on a limited basis and is not a substitute for proper documentation.

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