

Procurement Card Program Certificate of Lost Receipt

INCLUDE THIS FORM WITH PCARD STATEMENT

This form must be completed by the cardholder for any P-Card transaction that does not have an itemized receipt from the vendor.

Every attempt should be made to obtain a duplicate receipt.

Acceptance of this form in lieu of the original receipt is at the discretion of the P-Card Administrator.

Cardholder Name:	Cost Center:	
Vendor Name:	Last 4 Digits of LCS Pcard:	
Transaction Date:	Transaction Amount:	
Description of Goods or Services use additional sheet if necessary		Cost Per Item
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Explain why original itemized receipt is not availa	ble.	necespe rotal
List cardholder attempts to obtain receipts or documentation.		
CERTIFICATION SIGNATURES		
 I hereby certifiy: All goods or services purchased on this Pcard tro No personal purchases were made. Original itemized receipt is not in my possession I acknowledge that repeated lack of documenta 	n for the reasons state	ed above.
Cardholder Signature:		Date:
Administrator's Signature:		Date: