

Slippery Rock University of Pennsylvania Purchasing Card Missing Receipt Form

I, _____, have either not received or have misplaced a Purchasing Card receipt, or merchant sales slip.

This form is submitted in lieu of the original receipt.

Card Holder Name: _____

Card Number (last 4-digits) _____

Department: _____

Date of Transaction: _____

Vendor Name: _____

#	Item Purchased & Purpose	Quantity	Unit Price	Total Amount

I certify that the amounts shown above were expended for Slippery Rock University business purposes.

Card Holder Signature: _____ Date: _____

Dean/Chair/Director Signature: _____ Date: _____

*One form must be filled out for EACH missing receipt.
Submit this form with your other receipts and your transaction log
within five business days of receipt of your monthly statement.*