



### Purchasing Card Missing Receipt Form

*This form is to be used only after all other attempts to obtain a duplicate, itemized receipt has been exhausted. Lost receipts should be a rare exception*

I, \_\_\_\_\_ (Print Name) certify that the transaction amount shown below was incurred on behalf of Salt Lake County as a business expense, but do not have the original, itemized receipt or invoice because (check all that apply):

- Vendor did not provide a detailed original receipt or invoice
- I had the original detailed receipt/invoice but cannot locate it or accidentally destroyed it.

Describe effort made to obtain a duplicate receipt:

#### TRANSACTION INFORMATION

Cardholder Name \_\_\_\_\_ Transaction Date \_\_\_\_\_ Receipt Total \$ \_\_\_\_\_  
 Vendor Name \_\_\_\_\_ Vendor Address \_\_\_\_\_  
 Accounting Information \_\_\_\_\_  
 Fund – Dept ID – Account – Program (Project Costing, if applicable)

Purpose of purchase \_\_\_\_\_

Item Description	Quantity	Unit Cost	Item Total Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Purchase Amount  
*\*Must equal total amount charged on pcard*     \$ \_\_\_\_\_

#### THIS SECTION COMPLETED BY CARDHOLDER

Signature \_\_\_\_\_

**Frequently lost/missing receipts could result in suspension/revocation of card privileges and/or agency discipline.  
 \*Use one form per lost/missing itemized receipt. Attach this affidavit within Pcard Place as supporting documentation.**

#### THIS SECTION COMPLETED BY EMPLOYEE'S SUPERVISOR/FISCAL MANAGER

I have reviewed the cardholder's explanation of the loss or inability to obtain a duplicate receipt.

Signature \_\_\_\_\_