

**UNIVERSITY OF ARKANSAS AT MONTICELLO
MISSING RECEIPT FOR P-CARD TRANSACTION FORM**

Date of this report _____

Cardholder Name _____ **Department** _____

Cardholder Phone No. _____ **Card Number** _____

Merchant Name _____

Date of the transaction _____

What was purchased? _____

Cost of item(s) \$ _____

Briefly describe circumstances of missing receipt: _____

Cardholder Signature: _____

Provide a copy of this report to the Departmental Liaison to be included with the P-Card Transaction Log.

NOTE: Repeated loss of receipts may be grounds for discontinuing a Cardholder's use of the P-Card or other disciplinary action.