## **MISSING RECEIPT FORM**

## **CERTIFICATION OF UNAVAILABLE DOCUMENTATION**

This form should be completed for any LaCarte Purchasing Card transaction that does NOT have documentation from the merchant. This should be provided to Reviewer as part of your monthly reconciliation paperwork. **Use ONE (1) form per lost document**.

Cardholder Name: Department Name:	Telephone Number:		
Merchant Name: Transaction Date (mm/dd/yyyy): Transaction Amount (Total Cost) \$			
Merchant Document Details			
Item Description	Item Quantity	Unit Cost	Item Total Cost
(Add additional sheets if necessa	ary.)		
REASON ORIGINAL DOCUMENTATION IS NOT AVAILABLE			
<ul> <li>CARDHOLDER CERTIFICATION S         <ul> <li>I attest the information provided is to purchase. I confirm that every attempthas been made, but have been unable to</li> <li>All items purchased on this P-Carduse. No personal purchases were to the Cardholder will not seek reimble any other manner for this transaction.</li> <li>Original documentation is not in Cardholder acknowledges that report of their LaCarte Purchasing Card.</li> </ul> </li> </ul>	true and an accur of to obtain a dupli to do so and also he d transaction were made. oursement from the ion. ardholder's possessi	cate receipt by ereby certify the for University of University of L on for the reas	y contacting the vendor e following: of Louisiana Lafayette Louisiana Lafayette in sons stated above.
Cardholder Name (Print): Date: Signature:			
SUPERVISOR/REVIEWER: I have accepted the cardholder's explareceipt; therefore, considering the receipt or invoice involved.  Supervisor/Reviewer Name (Print)	anation of the loss circumstances, I	and inability am authorizi	ng payment of the
Signature: Date:			

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