NEO A&M COLLEGE

P/CARD PROGRAM

MISSING RECEIPT FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Cardholder Name: |  | Department: |  |
| Cardholder Phone: |  | Date of this report: |  |
| Card No.  (last four Digits): |  |  |  |
| Merchant |  | Date of  Purchase: |  |
| Item Purchases: |  | Cost: |  |

Briefly describe the circumstances concerning the missing receipt:

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Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send completed report to the P/Card Administrator in the Business Office.

REPEATED LOSS OF RECEIPTS MAY BE GROUNDS FOR DISCONTINUING A CARDHOLDER’S P/CARD PRIVLEGES OR OTHER DISCIPLINARY ACTION.