

# MISSING RECEIPT FORM

Cardholder/Approving Official must fill out form below:

Date of Purchase/  
Service \_\_\_\_\_

Vendor Name \_\_\_\_\_

Description of  
Purchase \_\_\_\_\_  
\_\_\_\_\_

Quantity Purchased \_\_\_\_\_

Dollar Amount \_\_\_\_\_

Steps taken to obtain  
Duplicate copy  
\_\_\_\_\_

\_\_\_\_\_

Reason you were unable  
To obtain receipt/invoice \_\_\_\_\_  
\_\_\_\_\_

**Repeated lost receipts will result in loss of CAL-Card priviliages.**

Date \_\_\_\_\_

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

Approving Official Signature \_\_\_\_\_