

Texas A & M University- Corpus Christi

Missing Receipt Form

This form is to be used for lost or missing receipts

Merchant Name: _____

Date of Purchase: _____

Description of Purchase: (List items purchased) _____

PURCHASE AMOUNT \$ _____

ACCOUNT # _____

RECEIPT WAS (CHECK ONE) LOST NOT AVAILABLE

I, _____, THE UNDERSIGNED DO CERTIFY THAT I
(Type or Clearly Print Name)

ATTEMPTED TO CONTACT THE VENDOR TO OBTAIN A COPY OF THIS RECEIPT BUT THE VENDOR WAS UNABLE TO PROVIDE ONE. I FURTHER CERTIFY THAT THE ABOVE PURCHASE WAS MADE FOR OFFICIAL UNIVERSITY BUSINESS

Cardholder Signature

DATE

Supervisor Name (PRINTED)

Supervisor Signature

DATE

***To utilize the digital signature feature, this form must be saved and opened in adobe.**