

# UNION COLLEGE

## Missing Receipt Form

### Employee Information

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Account Number to Charge: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PO # \_\_\_\_\_

### Card Information

Card Type:  Credit Card  Fuel Card  Other Last 4 digits of card: \_\_\_\_\_

Name on Card: \_\_\_\_\_

### Transaction Information

Transaction Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Location: \_\_\_\_\_

### Explanation

Reason for missing receipt:

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Steps taken to obtain duplicate receipt and result:

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**By Signing this agreement, I am aware that I may lose my credit card privileges.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Business Office Use Only

Received: \_\_\_\_\_

Acct number updated on trans: \_\_\_\_ Excused? Y N Logged: \_\_\_\_

# of occurrences for employee: \_\_\_\_ Reviewed and processed by: \_\_\_\_\_