



Herkimer
THE STATE UNIVERSITY OF NEW YORK

MISSING RECEIPT FORM

This form is to be used as documentation only if the original receipt is unavailable and all attempts have been made to acquire a duplicate receipt from the vendor. This form must be filled out completely and signed by a supervisor.

NAME OF CARDHOLDER: _____

EXPLANATION OF MISSING RECEIPT: _____

VENDOR/MERCHANT NAME: _____

VENDOR/MERCHANT CITY AND STATE: _____

DATE OF PURCHASE: _____

ITEM DESCRIPTION	BUSINESS PURPOSE	ITEM PRICE
	RECEIPT TOTAL:	

I attest the information provided is true and an accurate description of the details of the purchase. I confirm that every attempt to obtain a duplicate receipt by contacting the vendor has been made, but have been unable to do so and hereby certify the following:

- All items purchased were for Herkimer College and no personal purchases have been made.
- Original documentation is not in cardholder's possession for the reasons stated above.
- Cardholder acknowledges that repeated lack of documentation could result in revocation of credit card.

CARDHOLDER SIGNATURE: _____

SUPERVISOR NAME: _____

SUPERVISOR SIGNATURE: _____ DATE: _____