



Washington University in St. Louis

Procurement Card Program Missing Receipt Form

Date of Transaction: _____ Transaction Amount: _____

Merchant Name: _____

Description of Items Purchased:

I certify that the above listed information correctly reflects a transaction that was made with my procurement card. Furthermore, I understand that procurement card policy requires every transaction to be supported by an original receipt, and, that this form is being used only because an original receipt was not available.

_____	_____	_____
Cardholder's Signature	Cardholder's Printed Name	Date

_____	_____	_____
Approver's Signature	Approver's Printed Name	Date