



PCARD LOST RECEIPT FORM

Cardholder Name

Cardholder Number–Last 4-Digits

Cardholder Works TXN #

Provide vendor information in the box below:

Provide description and individual price of each item(s) purchased in the box below:

Provide explanation of lost receipt in the box below:

Tax Exempt Transaction: Yes No

Total of Transaction: _____

Cardholder Signature: _____

Approver Signature: (Printed) _____ (Signed) _____

