

# Elizabethtown College

Missing Receipt Form

This form is to be completed and submitted in lieu of the original receipt.

Cardholder Name:

Department:

Card Number (last 4 digits)

Date of Transaction: Vendor Name:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Item Description | Quantity | Unit Price | Total Amount |
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|  |  |  |  |  |

Total Amount of Purchase: $

Submit a separate form for each missing receipt.

I certify that the amounts shown above were expended for Elizabethtown College Business purposes:

Purchaser Signature:

 (date)

 (printed name)

Budget Manager/Director: (signature)

 (printed name) (date)

ADMINISRATIVE USE ONLY

Notes: