

Idaho State UNIVERSITY

RECORD OF P-CARD ACTIVITY NO RECEIPT AVAILABLE

This form is to be used in when a receipt was not provided by the merchant or if a receipt was lost.
Attach this form to your P-Card statement for reconciliation and keep on file.

Cardholder Information

Cardholder/Department Card's Name: _____

Card Number (Last 4 Digits Only): _____

Transaction Record

P-Card Statement Date: ____/____/____

Vendor/Supplier Name: _____

Item(s) Purchased and Business Purpose: Amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total \$ _____

Reason Receipt is Not Available: _____

Signatures Required

Cardholder/Card Master Signature: _____ Date: ____/____/____

Supervisor's Signature: _____