

**MISSING CREDIT CARD RECEIPT FORM**

This form must be completed and attached to your monthly credit card report if you are unable to provide the original receipt for a purchase made with a district-issued credit card.

Date of Purchase: \_\_\_\_\_

Company Name: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

Purpose and Description of Purchase & Quantity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason you were unable to provide invoice/receipt: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Approving Manager's Signature: \_\_\_\_\_