



**34740508h/'O kulpi 'T gegkr v'Chlf cxlv**

**T gegkr v'Kphqt o cvkqp<'**

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

Vendor: \_\_\_\_\_

Vendor Location  
(City/State): \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Item Description: \_\_\_\_\_

Item Location (optional): \_\_\_\_\_

Statement of reason for not having receipt:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clamiant Certification**

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

I, \_\_\_\_\_  
(Cardholder Name) (Title)

of \_\_\_\_\_  
(Department Name) (Dept Number)

Certify that the foregoing P-Card transaction receipt is not available or obtainable. The information is true and accurate, and the amount shown is legally due.

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

Reconciler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This form must be used when original, itemized receipts are not available to document a P-Card transaction.