

Lewis-Clark State College Missing Receipt Affidavit

Warning: Repeated use of this form as substitute documentation could result in a loss of card privileges.

P-Cardholder Name: _____ P-Card Number: _____

Date of Purchase: _____ Vendor Name: _____

Description, Quantity, Cost of each item purchased:

Description	Quantity	Per item Cost	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REASON ORIGINAL DOCUMENTATION IS NOT AVAILABLE:

Attach any additional information, correspondence or justification about this transaction. Notify the P-Card Administrator if the merchant repeatedly does not provide documentation.

P-CARDHOLDER AFFIDAVIT SIGNATURE

I hereby certify the following:

- All items purchased on this P-Card were for official LCSC use and no personal purchases were made.
- I will not seek reimbursement in any other manner for this transaction.
- Original documentation is not in my possession for the reasons stated above.
- I acknowledge that repeated lack of documentation could result in cancellation of my card.

P-Cardholder Signature _____ Date _____

DEPARTMENT P-CARD MANAGER SIGNATURE AND ACTION

I hereby acknowledge lack of documentation from the vendor for this transaction and have made the following determination regarding the violation status of this transaction. Mark the appropriate category below and the action shown:

- This transaction **is not** considered to be a P-Card violation because through no fault of the P-Cardholder, the receipt could not be obtained from the vendor as stated above.
- This transaction **is** considered to be a P-Card violation. **Action:** Notify P-Cardholder and advise that further violations may result in a suspension of P-Card privileges.
- This transaction **is** considered a violation and fraud is suspected. **Action:** Report to P-Card Administrator.

Department P-Card Manager Signature _____ Date _____