INSTRUCTIONS FOR COMPLETING
LOST/ MISSING RECEIPT FORM

*All sections need to be completed

* Enter Cardholders Information
  - Enter Current Date
  - Cardholder’s Name (For CTS Account- Enter the person that lost the receipt)
  - Last 6 digits of credit card or CTS account number
  - Type of Card
  - Agency Name and Business Area

* Complete Missing Receipt Information  (Use One Form per Lost Receipt)
  - Vendor/Merchant Name
  - Vendor City, State
  - Date of Purchase
  - Justification of Purchase- Detailed explanation for why the item was purchased
  - List the items that were purchase and the amount
  - Total Amount- Should be same amount that shows on statement

Employee Understanding and Signature  *Required Signature
* Cardholder checks the reason receipt was lost, signs and date the application
* Agency Designated Liaison prints name, signs and date the application
* Manager/supervisor of cardholder prints name, signs and date the application.

*Agency Liaison-This employee is appointed by the Agency Director or CFO to manage, and coordinate the cards/accounts within the agency. This person serves as the main reference point between the agency and the Office of State Procurement.

*The form should be attached to your monthly statements or transaction log.*
Cardholders should attempt to obtain copies of missing receipts from the vendors.

<table>
<thead>
<tr>
<th>Current Date</th>
<th>Cardholder Last Name</th>
<th>Cardholder First Name</th>
<th>Middle Initial</th>
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<table>
<thead>
<tr>
<th>Last 6 digits of Credit Card</th>
<th>Card Type</th>
<th>Agency Name</th>
<th>Agency Business Area*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Purchase Card</td>
<td>Travel Card</td>
<td>CTS Account</td>
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</tbody>
</table>

Complete One Form Per Lost/Missing Receipt or Invoice

<table>
<thead>
<tr>
<th>Vendor/Merchant Name</th>
<th>Vendor Merchant City/State</th>
<th>Date of Purchase</th>
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</table>

Justification for Purchase:

Detailed Description of Items Purchased (attach additional sheet if necessary) | Item Amount
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Total Purchase Amount

Employee Understanding/Signature *Required Signatures

I certify that I made the purchase shown above for official State business only but I do not have a receipt because (check all that apply):

- [ ] I had a receipt but lost it
- [ ] I requested receipt/invoice, but vendor has not provided it
- [ ] Vendor did not provide a receipt
- [ ] Other_____________________

This document will be used in lieu of receipt/invoice. I understand that repeated loss of receipts instead of obtaining original receipts may result in suspension, termination or other disciplinary action with the use of my account.

*Cardholder Signature & Date:________________________________________________**

*Liaison Name:__________________________________________ (Please Print)

*Liaison Signature & Date:__________________________________________

*Approving Manager Name:__________________________________________ (Please Print)

*Approving Manager Signature:__________________________________________

Date:__________________________

Revised 02/2013