



**University of Central Oklahoma
PCard – Missing Receipt Form**

Cardholder Name _____ Department _____

Cardholder Phone _____ Date of this report _____

Card Number (last 4 digits) _____

Merchant _____ Date of Purchase _____

What Purchased _____ Cost _____

Describe circumstances of missing receipt:

Purpose of Purchase:

Cardholder Signature _____

Please retain this form in your departmental files for later PCard review.

**NOTE: REPEATED LOSS OF RECEIPTS MAY BE GROUNDS FOR
DISCONTINUING A CARDHOLDER'S PCARD USE OR OTHER DISCIPLINARY
ACTION.**