

I, \_\_\_\_\_, have either not received or have misplaced a receipt for a transaction that was made with the NDSU Purchasing Card totaling \$ \_\_\_\_\_. This document will be used in lieu of an invoice/receipt for this transaction.

I understand that the first time this form is used; it will serve as my initial warning. If it is needed a second time, my card may be suspended for 30 days. If there is a third occurrence, it may lead to permanent cancelation of the Purchasing Card as per the Purchasing Card Policies and Purchasing Card Manual.

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

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

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

Items Purchased:

(include description, quantity, unit price, and business purpose for each item.)

Reason for Missing Receipt:

List the attempts that have been made to request a duplicate receipt from the vendor:

(include names, dates, telephone numbers, and/or e-mail addresses used in requesting documentation from the vendor)

**I certify that the amounts shown above (or attached if necessary) were purchased and received for North Dakota State University business. If charged to a grant or contract, I certify that the claimed expenses comply with the conditions of the grant of contract.**

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

\_\_\_\_\_  
Cardholder Printed Name

\_\_\_\_\_  
Department Head Signature Date

\_\_\_\_\_  
Department Head Printed Name

**Please print.**  
**Route this form to :**  
**Accounting Department**  
**Old Main 11**  
**Phone (701) 231-7432**