



## Missing Receipt Affidavit

Missing Receipt Affidavit lacking the required information or documentation will be returned to the authorized signer. Please read the instructions in the box below:

This affidavit pertains to:              PCard Transaction              TCard Transaction

**Instructions:**

Cardholders are required to obtain original receipts for all transactions. If this is not possible, this form must be completed and signed by the parties indicated.

If the department head is the Cardholder, his/her supervisor must countersign.

<p>Please check applicable detail(s):</p> <p><input type="checkbox"/> Attached is a copy or fax of the receipt</p> <p style="text-align: center;">OR,</p> <p><input type="checkbox"/> I certify that I have contacted the merchant and was unable to obtain a copy of the receipt. Therefore, I have attached a copy of the packing slip or invoice that confirms items and pricing as well as name of vendor.</p>
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I, undersigned, certify (a) that the receipt for the University Credit Card expense (PCard or TCard) described above was lost or not obtained, and (b) that this expense has not yet been or will be submitted to UNC Asheville or any other organization for reimbursement or tax purposes. Please provide the following for this transaction:

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

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

Transaction Number: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

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

Printed Name of Cardholder: \_\_\_\_\_

\_\_\_\_\_  
Signature of Fund Manager/Department Head/Dean

\_\_\_\_\_  
Printed Name of Fund Manager/Department Head/Dean

\_\_\_\_\_  
PCard or TCard Administrator's Signature

\_\_\_\_\_  
Date

## Itemized List of Missing Receipts

Transaction Number	Item Description	Amount
	<b>TOTAL</b>	