

PRESBYTERIAN COLLEGE

LOST RECEIPT RATIFICATION FORM

This form must be completed and approved only after reasonable efforts have been made to obtain a duplicate, itemized receipt from the vendor.

Three lost receipts within a rolling twelve-month period may result in revocation of credit card privileges.

Cardholder Information:

Name: _____
Department: _____
Date Submitted: _____

Transaction Information:

Vendor Name: _____
Location: _____
Transaction Date: _____
Amount: _____
Detailed Description of Purchase: _____
Business Purpose of Purchase: _____
Efforts Taken to Obtain Duplicate Receipt: _____

Certification:

I certify that:

- This expense was incurred for legitimate institutional business.
- I have exhausted reasonable efforts to obtain a duplicate receipt.
- The information above is accurate and complete.

I understand that repeated lost receipts may result in revocation of my credit card privileges.

SIGNATURES:

Cardholder: _____
Supervisor: _____
Vice President Finance & Administration: _____