

MISSING RECEIPT FORM
CERTIFICATION OF UNAVAILABLE DOCUMENTATION

This form should be completed for any Card transaction that does NOT have documentation from the merchant. This should be signed and provided to your Supervisor/Approver to sign as part of your reconciliation paperwork.

Cardholder Name/Telephone Number: _____
 Department Name: _____
 Merchant Name: _____
 Transaction Date (mm/dd/yyyy): _____
 Transaction Amount (Total Cost) \$ _____

Description	Quantity	Cost Per Item	Total Cost per Line

REASON ORIGINAL DOCUMENTATION IS NOT AVAILABLE:

CARDHOLDER CERTIFICATION SIGNATURE:

I attest the information provided is true and an accurate description of the details of the purchase. I confirm that every attempt to obtain a duplicate receipt by contacting the vendor has been made, but have been unable to do so and also hereby certify the following:

- All items purchased on this Card transaction were for _____ (Agency name) use. No personal purchases were made.
- The cardholder will not seek reimbursement from the _____ (Agency name) in any other manner for this transaction.
- Original documentation is not in cardholder’s possession for the reasons stated above.
- Cardholder acknowledges that repeated lack of documentation could result in revocation of their Card.

Cardholder Name: _____ Date: _____

Cardholder Signature: _____

SUPERVISOR/APPROVER:

I have accepted the cardholder’s explanation of the loss and inability to obtain a duplicate receipt; therefore, I am authorizing payment of the receipt or invoice in light of the circumstances involved.

Approver Name: _____

Approver Signature: _____

Date: _____

****NOTE: Completed form should be attached to the transaction(s) and a copy forwarded to the LDH LaCarte Program Administrators, c/o Division of Safety/Security & Administrative Services; LDHPCardProgramAdmin@la.gov****