

**Provo City School District**  
**Policy Series 6000 Finances and Operations**

**6210 F10**

**MISSING RECEIPT FORM**

Cardholder Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Department/Location: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

- Please retain an up-to-date copy of this form.
- An up-to-date copy of this form should be submitted each month you have made purchases that are not supported by a receipt from a vendor.
- You are NOT required to submit a copy of this form when ALL of your purchases on your monthly statement are supported with a receipt from each vendor.

**WARNING: Cardholder privileges may be terminated should further purchases be made without retaining some form of receipt.**

#	Date of Purchase	Supplier	Detailed Description of Each Item Purchased	\$ Purchase Amount	Comments
1					
2					
3					
4					
5					
6					
7					
8					