

Division of Agricultural Sciences and Natural Resources



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LOST RECEIPT FORM

You are required to make a diligent effort to obtain a copy of the original receipt for every PCard transaction. If the company or vendor is unable to provide a copy, please complete this form and obtain the required signatures before turning it into the PCard Accounting Specialist. Please PRINT clearly!

PCard Holder Name	_____
Company or Vendor Name	_____
Company or Vendor Telephone	_____
Date of Purchase	_____
Amount of Purchase	_____
Description of What Was Purchased	_____ _____ _____
Purpose of Expenditure	_____ _____ _____
PCard Holder Signature	_____
Date	_____
Department Head Signature	_____
Date	_____
PCard Accounting Specialist Signature	_____
Date	_____