Cardholder's Name _____
(Last Name - First Name - MI)

PROCARD MISSING ITEMIZED RECEIPT/ DOCUMENTATION AFFIDAVIT

University of Massachusetts Amherst

TO BE COMPLETED BY CARDHOLDER AND PLACED IN FILE WITH CORRESPONDING MONTHLY STATEMENT.

Last Four Digits of Procard: _____	**Today's Date:**
Post Auditor: (if applicable) Tel. 5-4710	**Cardholder's Telephone #:**

I certify that the receipt/documentation described below was lost and that I have been unable to obtain a duplicate from the vendor to which payment was made.

Please complete in full and sign this form. Please have this form signed off by your reporting authority (supervisor) and keep this form in place of the missing receipt with the corresponding monthly statement.

DETAILED DESCRIPTION OF MISSING RECEIPT/DOCUMENTATION:

Vendor Name: _____

Transaction Date: _____ **Total Amount: $ _____**

Quantity	Description	Unit Price (If known)	Total Price (If known)
		GRAND TOTAL	

Date:	Print Cardholder Name:	Cardholder's Signature:
Date:	Print Reporting Authority Name:	Reporting Authority's (Supervisor) Signature: