



PARKVIEW SCHOOL DISTRICT Purchasing Card Missing Receipt Form

NOTE: EVERY EFFORT SHOULD BE MADE TO OBTAIN AN ORIGINAL RECEIPT FROM THE VENDOR. KEEP THIS FORM WITH YOUR OTHER PURCHASING CARD DOCUMENTATION IN LIEU OF ORIGINAL RECEIPT.

Purchaser and Vendor Information:

Purchaser's Name:
Purchaser's Location/School: Dept:
Card Used: <input type="checkbox"/> Own (in purchaser's name) <input type="checkbox"/> Other:
Purchase Date:
Vendor Name:
Method of Purchase: <input type="checkbox"/> In-Store <input type="checkbox"/> Phone <input type="checkbox"/> Internet <input type="checkbox"/> Other:

Detailed Description of Each Item Purchased:

Description	Quantity	Unit Price	Total Cost
Order Total: \$			
Order Total: \$			_____

Explanation:

Reason for Missing Receipts:
<input type="checkbox"/> Original Receipt Lost <input type="checkbox"/> No Receipt Was Given <input type="checkbox"/> Other:
Additional Explanation or Notes:

Purchaser's Signature

I attest that the above purchase was made for the benefit of the Parkview School District while conducting official District business. I certify that I have attempted to obtain an original receipt from the vendor.
 Cardholder/Purchaser's Signature: _____ Date _____

Review Signatures:

Supervisor/manager/Principal Signature: _____ Date _____