

AHEC Procurement Card Lost or Unavailable Information

This form is required for any Procurement Card transaction that does NOT have documentation from the merchant.

Documentation may be:

• Receipt and card transaction slip from the merchant

Approving Official Name: _____

• Invoice showing credit card payment

Packing slip from the delivery	Order form for contact the contact that the contact the contact that the contact the contact that the contact that the contact that the c	dues, memberships	, subscription or simila	ar items
INFORMATION				
Transaction ID#	Cardholde	Cardholder Name		
Date of Purchase	Approving	Approving Official Name		
Merchant Name	Departmer	Department Name		
DESCRIPTION, QUANTITY, COST OF EA	CH ITEM PURCHASED:			
Description		Quantity	Per Item Cost	Total Cost
Add additional sheet if necessary.			TOTAL COST:	
REASON ORIGINAL DOCUMENTATION IS	NOT AVAILABLE:		TOTAL GOOT.	
Attach any additional information, corresponde CARDHOLDER CERTIFICATION SIGNATU	-		, hereby certify	the following:
All items purchased on this P-Card transaction.	ction were for the benefit of the Cen	iter and no persona	l purchases were mad	de.
I will not seek reimbursement in any other	manner for this transaction.			
Original documentation is not in my posses	ssion for the reason stated above.			
I acknowledge that repeated lack of docur	mentation may result in revocation c	of my P-Card privile	ges.	
Cardholder Name:	Signature:		Dat	e:
APPROVING OFFICIAL DETERMINATION, I hereby acknowledge lack of documentation f the violation status of this transaction. Mark the violation status of	from the merchant for this transaction	on and have made	<u> </u>	nation regarding
□ This transaction IS NOT considered to be ACTION → A copy of this completed form		's Statement that lis	sts this transaction.	
☐ This transaction IS considered to be a violation → Complete a Violation Warning		ms to P-Card Adm	inistration.	
☐ This transaction IS considered to be a vio ACTION →	olation and is suspected fiscal mi s	sconduct. Immedia	ately contact P-Card	Administration.

_____ Signature: ___

_____ Date: _