

**Cardholder information**

Department: \_\_\_\_\_

Workday account number: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_

Last four digits of the card number: \_\_\_\_\_

**Receipt information**

I, \_\_\_\_\_, have either misplaced or lost a Purchasing Card receipt totaling \$\_\_\_\_\_. This expense was on behalf of ASU. This form is in lieu of the original receipt. I have tried to obtain a duplicate itemized receipt from the vendor and was unsuccessful.

Statement period: \_\_\_\_\_

Vendor: \_\_\_\_\_

Total amount: \_\_\_\_\_

Date: \_\_\_\_\_

Items purchased	Business purpose of item	Cost of item

**Certification**

I certify that the amounts shown above were for ASU business purposes. If charged to a grant or project, I certify that the expenses comply with their conditions.

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

P-Card manager or department chair signature \_\_\_\_\_ Date \_\_\_\_\_