



University of Arkansas Form for Lost/Unobtainable Receipt

WORKDAY VERIFICATION NUMBER (PC/ER#): _____

CARDHOLDER NAME: _____ DATE OF PURCHASE: _____

MERCHANT NAME: _____

DESCRIPTION OF PURCHASE:

TOTAL PURCHASE AMOUNT: _____

RECEIPT WAS (CHECK ONE): LOST _____ NOT OBTAINABLE _____

PLEASE PROVIDE BRIEF EXPLANATION OF WHY RECEIPT WAS NOT OBTAINABLE:

I, _____, the undersigned do certify that the above purchase was made for University of Arkansas business.

CARDHOLDER SIGNATURE

DEPARTMENT HEAD SIGNATURE

DATE

DATE

Cardholder and Department Head are the same individual.