

FORM #3
MISSING ITEMIZED RESTAURANT RECEIPT

Cardholder: _____

Statement Closing Date: _____

**Before submitting this form, try to contact the vendor for a copy of the itemized receipt. If you are unable to get a copy from the vendor then enclose this form in your p-card log.

<u>DATE</u>	<u>VENDOR</u>	<u>ITEM DESCRIPTION</u>	<u>AMOUNT</u>

Cardholder Signature

Date

Dean/Supervisor Signature

Date