



P-CARD / TRAVEL CARD PROGRAM MISSING RECEIPT RECORD

State Form 53879 (3-09)

Approved by State Board of Accounts, 2009

INDIANA DEPARTMENT OF ADMINISTRATION / PURCHASING

NOTE: When available, copies of receipts or other information from provider must be attached to support receipt information.

RECEIPT INFORMATION		
Date paid (<i>month, day, year</i>)	Amount paid	Payee (<i>name of firm, person, etc.</i>)
Location (<i>number and street, city, state, and ZIP code</i>)		
Description of purchase made		
Statement of reason for not having receipt		

CERTIFICATION OF CLAIMANT	
I, _____, _____,	
<i>Name of employee / other claimant</i>	<i>Title</i>
certify that the foregoing receipt related to authorized purchase / travel card expenses is not available or obtainable, that the information is true and accurate, and that the amount shown is legally due.	
Signature of claimant	Date (<i>month, day, year</i>)

AGENCY APPROVAL	
The above listed expense was incurred following proper policies and procedures and is authorized by me.	
Signature of supervisor	Date (<i>month, day, year</i>)

DISTRIBUTION: Original form with agency file.