

**STATE OF ARKANSAS  
MISSING RECEIPT FOR P-CARD TRANSACTION FORM**

**Date of this report** \_\_\_\_\_

**Cardholder Name** \_\_\_\_\_ **Agency** \_\_\_\_\_

**Cardholder Phone No.** \_\_\_\_\_ **Card Number** \_\_\_\_\_

**Merchant Name** \_\_\_\_\_

**Date of the transaction** \_\_\_\_\_

**What was purchased?** \_\_\_\_\_

\_\_\_\_\_

**Cost of item(s)** \$ \_\_\_\_\_

**Briefly describe circumstances of missing receipt:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

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

Provide a copy of this report to the Agency Liaison to be included with the P-Card Transaction Log.

**NOTE:** Repeated loss of receipts may be grounds for discontinuing a Cardholder's use of the P-Card or other disciplinary action.