



Travel Card (T-Card) Lost Receipt Form

INSTRUCTIONS: This form is to be used to document T-Card transactions missing receipt. Please note that approval is not guaranteed and subject to approval by the Chief Procurement Officer. Once approved and reviewed by the T-Card administrator, please upload this form when reconciling the transaction in the system.

If this form is not approved for the missing/lost receipt, the Cardholder will be responsible for reimbursing the University for the applicable charge missing proper documentation as required per the Cardholder Agreement. Lost receipt may also result in the cardholder having their T-Card suspended or revoked.

Cardholder Information:

Full Name:	_____	Banner ID:	_____
Department:	_____	Division:	_____
Transaction Amount:	_____	FOAP:	_____
Transaction Date:	_____	Vendor:	_____

Description/Quantity/Cost per Item/Total Purchase:

Reason Original Documentation is Not Available:

Cardholder Certification Statement:

I attest the information provided is true and an accurate description of the details of the purchase. I confirm that every attempt to obtain a duplicate receipt by contracting the vendor has been made, and hereby certify the following:

- All items purchased on the T-Card transaction were for approved travel-related expenses on behalf of Fayetteville State University. No personal purchases were made.
- I, the Cardholder, will not seek reimbursement from the vendor for this transaction.
- I acknowledge that I may be held responsible for this transaction and may be required to reimburse the University for this transaction if not approved.
- I acknowledge that repeated lack of documentation may result in revocation or suspension of my T-Card.

Cardholder Signature: _____ Date: _____

Supervisor/Department Head:

I have accepted the cardholder's explanation of the loss and inability to obtain a duplicate receipt; therefore, I am authorizing payment of the receipt or invoice considering the circumstances involved.

Direct Supervisor/Department Head Signature: _____ Date: _____

Travel Approval:

Chief Procurement Officer (Victoria McAllister)		Date	
T-Card Administrator:			
Reviewed (Travel@uncfsu.edu)		Date	