

Texas A&M University-Corpus Christi Departmental Travel Central Billed Card
(DCBA) Program Guide 21 of 35 Attachment G

TEXAS A&M UNIVERSITY-CORPUS CHRISTI
DCBA MISSING RECEIPT FORM

This form is to be used for lost or missing receipts.

MERCHANT NAME: _____

DATE OF PURCHASE: _____

DESCRIPTION OF PURCHASE: (list items purchased)

BUSINESS PURPOSE:

PURCHASE AMOUNT: \$ _____

RECEIPT WAS (check one) _____ LOST _____ NOT AVAILABLE

I, _____, THE UNDERSIGNED DO

(Type or Clearly Print Name)

CERTIFY THAT I ATTEMPTED TO CONTACT THE VENDOR TO OBTAIN A COPY OF THIS RECEIPT BUT THE VENDOR WAS UNABLE TO PROVIDE ONE. I FURTHER CERTIFY THAT THE ABOVE PURCHASE WAS MADE FOR OFFICIAL UNIVERSITY BUSINESS.

SIGNATURE

DATE

SUPERVISOR NAME (Printed)

SUPERVISOR SIGNATURE

DATE