Wisconsin Department of Administration State Bureau of Procurement

Division of Enterprise Operations DOA-3300 (R 7/2024)

# Purchasing Card Record of Missing Receipt

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| *Please Complete and Submit to your Agency P-Card Administrators* |
| Cardholder Name (as shown on payroll)       | Division/Work Unit       | Last 4 digits of Card number      |
|  Cardholder Email       | Work Phone Number      |
| Purchase Value      | Merchant Name      |
| Date of Purchase      | pCard Statement Date      |

Please list goods or services purchased. Include description, quantity, unit price, and business purpose for each item.

[ ]  Alternative supporting documentation is attached (Packing slip, Order confirmation email, airline tickets, etc.)

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Receipt was [ ]  not provided by merchant OR [ ]  lost by the recipient.

Provide any details that explain the circumstances of loss or failure to receive receipt.

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What attempts have been made to request a duplicate receipt from the merchant?

Include names, dates, phone numbers, or emails used in requesting documentation from the merchant.

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I certify that the products and services shown above and on attachments as applicable, were purchased and received for AGENCY purposes. I understand that frequent use\* of this form instead of submitting actual receipts or invoices may result in suspension or termination of P-Card privileges.

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Cardholder Name (Printed) Cardholder Name (Signature) Date

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Supervisor/Auditor Name (Printed) Supervisor Name (Signature) Date

\*Frequent use is defined as more than three (3) times in one fiscal year.