Wisconsin Department of Administration State Bureau of Procurement

Division of Enterprise Operations DOA-3300 (R 2/2024)

# 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, and unit price, and business purpose for each item.

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

Free text field to be filled by the submitter.

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.

Free text field to be filled by the submitter.

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.

Free text field to be filled by the submitter.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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