Lost Receipt Memo

Date: _____

Department: _____

Cardholder's Name: _____

Last 8 Digits of Card #: _____

Date of Purchase: _____

Vendor's Name: _____

Vendor's Address: _____

Qty	Description of Items Purchased	Unit Price	Extended Price
		Tax	
		Shipping	
		Total	

Please accept this memo as evidence of purchase in lieu of the original receipt. I am aware that excessive instances of lost receipts/invoices may result in my card being revoked.

Cardholder's Signature Date