West Texas A&M University
Procurement Card
Supplemental Documentation/Missing Receipts Form

Date_____

Cardholder Name_____

Department_____

Please complete all sections, sign, and obtain Supervisor's signature. Attach any documentation from the vendor/merchant. This form is to be used only as additional documentation when: (Please Check reason) *

☐ Vendor does not provide invoices or receipts, attach vendor documents (required. Explain * _____

☐ Original invoice or receipt is incorrect. (List payment and explain reason for change*

_____

☐ Receipts not available (Explain why receipt not available) *

_____

☐ Other (Explain below) *

_____

Vendor Name _____

Vendor Address _____

Vendor City _____ Vendor State _____ Vendor Zip _____

Vendor Telephone # _____

Date of Purchase _____ Amount of Purchase _____

Description of Goods/Service_____

_____

Name of Person Completing Form_____Phone#_____

Card Holder Signature_____

Supervisor Signature_____