

**FORM #3**  
**MISSING ITEMIZED RESTAURANT RECEIPT**

Cardholder: \_\_\_\_\_

Statement Closing Date: \_\_\_\_\_

\*\*Before submitting this form, try to contact the vendor for a copy of the itemized receipt. If you are unable to get a copy from the vendor then enclose this form in your p-card log.

<u>DATE</u>	<u>VENDOR</u>	<u>ITEM DESCRIPTION</u>	<u>AMOUNT</u>

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Supervisor Signature

\_\_\_\_\_  
Date