



Credit Card Reconciliation/Lost Receipt Form

Current Date: _____

Last Name: _____ First Name: _____

Vendor Name: _____

Receipt Date: _____ Receipt \$: _____

Purchase Information

Item Purchased	Cost	Reason for Purchase

In Reference to the Purchases Listed Above:

- A receipt was not provided or lost The expenses were incurred in the conduct of business
- I have made no previous claims for these expenses

Employee Signature: _____ Supervisor Signature: _____

Date: _____ Date: _____