

PCARD PROGRAM LOST RECEIPT FORM ACCOUNTS PAYABLE

Finance - P.O. Box 720130 - San Jose, CA 95172 - Ext. Zip: 0139

408-924-1400 - 408-924-1499 (fax)

I. Cardholder Information	
Cardholder Name:	Today's Date:
Email Address:	Account Number:
Phone Number:	Mail Code:
-	
II. Merchant Information	
Merchant Name:	Date of Purchase:
Transaction Total:	
III. Details about Item(s) Purchased	
	rchased and how it relates to the project or department:
Quantity:	
Item Price:	
Description:	
Business Purpose:	
Total Price:	
_	
IV. Cardholder Signature	
By signing below, I certify that the above go	oods or services were purchased with an SJSURF Pcard in my name
and that the goods or services were for offi	icial SJSURF business. I understand that excessive lost receipts may
result in revocation of my Pcard.	
Carolland and Cinnature	Date
Cardholder Signature:	Date:
V. Account Signer Signature	
	oved the above purchase and that the purchase was for the above
referenced account.	ved the above parenase and that the parenase was for the above
Account Signer Signature:	Date:
VI. Notes	
For SJSURF Internal Use Only	
Analyst/Date:	AP/Date: Pcard Admin/Date: