



Program Card
LOST RECEIPT AFFIDAVIT
 SOU Department of Athletics

 Last 4 Digits PCard #

Custodian Name _____

Vendor Name _____ \$ _____
 _____ Date of Purchase

ITEM(S) PURCHASED

Please give a detailed description of goods purchased

If purchase was TRAVEL related please list: _____
 _____ Destination _____ Departure Date

Description:

I certify that the above purchase(s) are in accordance with the current OUS/SOU purchasing policies

 Custodian Signature

A one-time lost or missing receipt is acceptable, if the purchase is documented and verified in writing. Multiple lost or missing receipts is a more serious condition that **REQUIRES** our office to temporarily suspend use of a card for a period of one business week. The custodian of the card will be notified when the suspension is lifted. If a lost or missing receipt is a reoccurring issue, per the discretion of the Program Administrator a card may be permanently cancelled.