**ProCard Lost Receipt Memo**

Cardholder Name: Work Phone:

Employee #:

Date Purchased:

Vendor Name:

Vendor Street Address, City, State, Zip:

Tax

Freight

Total

Quantity

Description of Items Purchased

Unit

Price

Extended

Price

Please accept this memo as evidence of purchase in lieu of the original receipt. I am aware that excessive instances of list receipts/invoices may result in my card being revoked.

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Cardholder Signature Date