

This form should be completed for any Travel Card transaction that does NOT have documentation from the merchant. This should be provided to Reviewer as part of your monthly reconciliation paperwork.

Cardholder Name/Telephone Number: Department Name:		
Transaction Date (mm/dd/yyyy):		
Transaction Amount (Total Cost) \$		
Description/Quantity/Cost per Item/Total Cost per Line (Add an additional sheet if necessary) * REASON ORIGINAL DOCUMENTATION IS NOT AVAILABLE:		
CARDHOLDER CERTIFICATION SIGNA	ΓURE	
 I attest the information provided is true and a every attempt to obtain a duplicate receipt by so and also hereby certify the following: All items purchased on this T-Card trapurchases were made. 	contacting the vendor has beer	n made, but have been unable to do
 The Cardholder will not seek reimbur for this transaction. 	sement from Northwestern Stat	e University in any other manner
 Original documentation is not in cardl Cardholder acknowledges that repeate Card. 	<u>-</u>	
Cardholder Name:	Signature:	Date:
SUPERVISOR/REVIEWER: I have accepted the cardholder's explanation of am authorizing payment of the receipt or involutions.	_	<u> </u>
Approver Print:	Signature:	Date: