

MISSING DOCUMENT AFFIDAVIT

Employee/Cardholder Name: _____

If credit card document:

Last Four Digits of Account Number: _____ P-Card CTS Card T-Card

Vendor: _____

Item Description: _____

Date of Purchase: _____ Cost: _____

Why are you unable to obtain documentation? Please explain.

Signature of Immediate Supervisor

Date: _____

Signature of Department Supervisor

Date: _____

Signature of Employee/Cardholder

Date: _____

The employee responsible for missing documentation hereby states under oath that the above facts are true and correct to the best of his or her knowledge.

Notarization of Employee/Cardholder Signature

State of Arkansas

County of _____

Subscribed and sworn before me, a Notary Public, on this _____ *day of* _____,
20____.

Signature of Notary Public

My commission expires:
