

A separate Waiver Form must accompany EACH missing or non-itemized receipt. This form is to be used as documentation for missing receipts only if the merchant cannot produce a duplicate receipt or one cannot be obtained from the PCARD distributor, PNC Bank. This form is to be completed by the employee who made the purchase and signed by that employee's authorizing supervisor. Repeated use of this form as a substitute for a receipt may result in suspension or cancellation of PCARD privileges.

THIS FORM CANNOT BE USED FOR PURCHASES MADE AGAINST A GRANT. All purchases made against a grant require a detailed receipt, without exception. If there is no detailed receipt or no receipt at all for a grant-funded purchase, a General Fund account must be used.

I am filling out this form because:

- I do not have an itemized receipt (*Fill out Section 1*)
- I do not have a receipt (*Fill out Section 2*)

Reason for not having itemized receipt:

Section 1: Receipt; no itemization

The following items were purchased in conjunction with the attached receipt:

Description of Item	Quantity	Unit Cost	Line Total
TOTAL			

If additional lines are needed, please attach another sheet.

Reason for not having a receipt:

Section 2: No receipt

Merchant (Vendor) Name: _____ Date of Purchase: _____

Location of Merchant (city, state): _____

Description of Item	Quantity	Unit Cost	Line Total
TOTAL			

If additional lines are needed, please attach another sheet.

In accordance with MCC's Travel Policy and Purchasing Card Application & User Agreement, which I have signed, I hereby certify the following:

- I have not used my PCARD, either intentionally or negligently, in violation of any policies.
- All items purchased were for college use and no personal purchases were made.
- I will not seek reimbursement in any other manner for this transaction.
- Appropriate documentation is not in my possession for the reasons stated above.

I acknowledge that repeated lack of documentation could result in revocation of travel and/or purchase card privileges.

Signature of Cardholder

Date

Printed Name of Cardholder

I acknowledge and have reviewed the lack of documentation and approve the use of this waiver for this purchase.

Signature of Supervisor

Date

Printed Name of Supervisor