

MISSING RECEIPT FORM

Employee Name:	
Date Submitted:	
Please fill in the missing information, then sign & date.	
**************************************	PT *************
Credit Card Company:	
Vendor:	
Date Of Charge:	
Amount:	
Truck Number: (Installation Team Only)	
Description And Nature Of Charge:	
I hereby certify that I authorized the above charge to my company cr	edit card, that this charge was for
company business, and that this substitute receipt takes the place o	f the original reciept. To the best
of my knowledge, all applicable taxes were paid.	
Signed: Date	<u>. </u>
OFFICE USE ONLY	
Odometer Reading: Job Code:	