

**STATE OF ARKANSAS**  
**DHS Division of Children and Family Services**  
**MISSING RECEIPT FOR P-CARD TRANSACTION FORM**

Date of this report \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Agency \_\_\_\_\_

Cardholder Phone No. \_\_\_\_\_ Card Number \_\_\_\_\_

Merchant Name \_\_\_\_\_

Date of the transaction \_\_\_\_\_

What was purchased?

Cost of item(s) \$ \_\_\_\_\_

Briefly describe circumstances of missing receipt:

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Financial Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Director Signature

\_\_\_\_\_  
Date

Provide a copy of this report to the Agency Liaison to be included with the P-Card Transaction Log.

**NOTE:** Repeated loss of receipts may be grounds for discontinuing a Cardholder's use of the P-Card or other disciplinary action.