

**PROCUREMENT CARD (PCARD)  
INADEQUATE DOCUMENTATION FORM**

This form is required to be *completed in its entirety* for any transactions that do not have adequate documentation from the merchant.

**CARDHOLDER SECTION**

Merchant: \_\_\_\_\_ Purchase Date: \_\_\_\_\_ Purchase Amount: \$ \_\_\_\_\_

Provide information regarding **EACH** item purchased in the chart below. (Attach additional page(s) if necessary.)

Item Description	Quantity	Unit Cost	Total Cost

Provide a reason the original documentation is not available or not itemized:

What attempts were made to obtain a duplicate or itemized copy:

Phone call      Email      In person      Other \_\_\_\_\_

What were the results from the attempts?

I, \_\_\_\_\_ (Cardholder Name), hereby certify the following:

- All items purchased were for the benefit of the State and no personal purchases were made.
- I will not seek reimbursement for this expense.
- I acknowledge that use of this form may result in the implementation of the PCard misuse process.
- I have attached any additional information, correspondence, or justification related to this expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVING OFFICIAL SECTION**

I, \_\_\_\_\_ (Approving Official Name), hereby acknowledge the cardholder's lack of documentation and have verified the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_