

**Samford University  
Missing Receipts Form**

Complete this form and scan with receipts into Regions Intersect <http://intersectregions.com>

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

Department \_\_\_\_\_

Purpose for Expense:

|  |
|--|
|  |
|  |
|  |
|  |
|  |

Date of Purchase \_\_\_\_\_

Vendor \_\_\_\_\_

Items Purchased:

Quantity                      Description

| Quantity | Description |
|----------|-------------|
|          |             |
|          |             |
|          |             |
|          |             |
|          |             |
|          |             |

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

Approver or Supervisor Signature \_\_\_\_\_