

**Southwestern University  
Corporate Credit Card  
No Receipt Acknowledgement**

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Transaction	Place of Purchase	Detail of Item(s) Purchased	Receipt Amount	Reason for no receipt	Budget Account

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

Dept Chair/Supervisor Signature: \_\_\_\_\_