RECEIPT FORM - PURCHASING CARD
AGRONOMY DEPARTMENT

DIRECTIONS:

1. Complete form in its entirety.
2. If receipt is smaller than 8 ½ X 11, tape to a separate sheet of white paper and attach to this form.
3. Return to Agronomy Fiscal Office within three (3) days of receipt of goods or service.

RECEIPT DATE: _____

CARDHOLDER: _____

SIGNATURE: _____

VENDOR: _____

DESCRIPTION: (List individual items.) _____

_____

_____

FUNDING SOURCE:

- ☐ STATE (circle one) Research / Teaching / Ext. /Admin
- ☐ CYFWD (circle one) Research / Teaching / Ext. / Admin
- ☐ FEDERAL (circle one) Hatch / Multi-State / Ext.
- ☐ PROJECT # _____
- ☐ OTHER _____ (i.e. Residual, SHARE Transfer, etc.)

ORDER #: _____ (if by phone/fax/email)

TOTAL: _____ (including shipping)

BILL TO: Agronomy Department
University of Florida
PO Box 115250
Gainesville FL 32611-5250
Tax Exempt #: 11-06-024056-57C

FOR FISCAL USE ONLY

DATE APPROVED _____

CAT ID _____ DEPT ID _____ FUND _____

PROGRAM _____ ACCOUNT _____ SOF _____

FLEX _____ UFID _____ CRIS _____

PROJECT _____

Updated 08/01/07