

PCard Replacement Receipt Form



This form is to be used only if the actual receipt, invoice, packing list or internet order form is not available. It will be allowed only as a rare circumstance. It must be filled out COMPLETELY and signed by the cardholder's Supervisor.

Cardholder Name: _____ UFID: _____

Department: _____ DeptID: _____

Explain why the receipt is not available: _____

Vendor Name: _____ Purchase Date: _____

Vendor Phone Number: _____ Contact: _____

Description of Purchase (list items and quantities)

Description	Purpose	Cost
<i>(Use additional pages if needed)</i>		Total Purchase Amount \$

CARDHOLDER: By signing below I certify that the above purchase was made for official university business only.

Signature: _____ Date: _____

SUPERVISOR: By Signing this form I agree that the above purchase was for business purposes. The cardholder was reminded that vendor receipts are required for all PCard Purchases.

Signature: _____ Date: _____