

Billing Date \_\_\_\_\_

Reconciler Initial \_\_\_\_\_ Date \_\_\_\_\_

Approver Initial \_\_\_\_\_ Date \_\_\_\_\_

## PCARD REPLACEMENT RECEIPT FORM

**CARDHOLDER:** \_\_\_\_\_

**Dept ID/Account:** \_\_\_\_\_

**Name & UFID of Account holder:** \_\_\_\_\_

**Date of Purchase:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**SV# (if applicable):** \_\_\_\_\_

**Boat name (if applicable):** \_\_\_\_\_

**Detailed Descripton of Purchase:** \_\_\_\_\_

\_\_\_\_\_

**Justification of Purchase:** \_\_\_\_\_

\_\_\_\_\_

Receipt was (check one) \_\_\_\_\_ **LOST** \_\_\_\_\_ **NOT AVAILABLE**

I, \_\_\_\_\_, the undersigned, do certify that the above  
(Type or Clearly Print Name)  
purchase was made for official university business.

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Account-holder Signature**

**For Office Use Only**

Category code \_\_\_\_\_

Account code \_\_\_\_\_