

# 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.  
 Every attempt should be made to retrieve a duplicate receipt before submitting this form.  
 It will be allowed only as a rare circumstance.  
 It must be filled out COMPLETELY and signed by the cardholder's Supervisor.**

I, \_\_\_\_\_, the undersigned cardholder,  
 do certify that the below purchase was made for official university business.

VENDOR: \_\_\_\_\_

FUNDING SOURCE:

Receipt Total: \_\_\_\_\_

Dept. ID	Fund	Program	Source	Budget Ref.	Project#	Flex Code	UFID	CRIS	Amount
Total Funding Assigned:									

Service Vehicle #: \_\_\_\_\_ Boat Registration #: \_\_\_\_\_

Receipt Was:

Please list the item(s) purchased (most expensive to least expensive):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Using layman's terms/avoiding jargon, how does this purchase directly benefit the funding source? Please be as detailed as necessary to assist with audit research:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
 Funding Signature

\_\_\_\_\_  
 Supervisor Signature

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.

Office Reset

**Office Use Only:**

Lost Receipt Recorded: \_\_\_\_\_

PI/Staff: \_\_\_\_\_

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

Account Code \_\_\_\_\_

TA# \_\_\_\_\_

ER# \_\_\_\_\_

RA# \_\_\_\_\_

Voucher# \_\_\_\_\_

Verified: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

(+grant): \_\_\_\_\_ Date: \_\_\_\_\_

Downloaded:

