

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:

Attach Backup Documents
(Receipts/Justification/Approvals)

Submit for Processing