

Billing Date _____

Verifier Initial _____ Date _____

Office Use Only

Approver Initial _____ Date _____

Purchasing Card Receipt Form

- Provide an itemized and signed receipt.
- Do not tape over the words on your receipt.
- Do not write over print on receipt.
- Receipts smaller than an 8 ½ x 11 sheet of paper must be taped to an 8 ½ x 11 sheet of paper.
- Do not use staples.

The following information is required for auditing purposes:

Cardholder: _____

Funding Source:

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

Faculty Name: _____

Vendor: _____

Vehicle or Tag #: _____ Boat #: _____

Please list the items purchased (most expensive first):

Office Use Only:

Account Code _____

TA# _____

ER# _____

RA# _____

How does this purchase directly benefit the funding source? (Please be detailed – use the back of the page or attach a separate justification if required):

Cardholder Signature: _____

Date Received: _____

Account-holder/Designee Signature: _____

Last Modified:
3/31/2015