

Billing Date _____

Verifier Initial _____ Date _____

Recorded

Office Use Only

Approver Initial _____ Date _____

PCARD REPLACEMENT RECEIPT FORM

CARDHOLDER: _____

FUNDING SOURCE:

Dept. ID	Fund	Program	Source	Budget Ref.	Project #	Flex Code	CRIS (221 accts)	Charge Amount

Purchasing Date: _____

Faculty Name: _____

UFID: _____

Vendor: _____

Total: _____

Vehicle #: _____

Boat #: _____

<p>Office Use Only:</p> <p>Account Code _____</p> <p>TA# _____</p> <p>ER# _____</p> <p>RA# _____</p>

Description of Purchase: _____

Business Purpose: _____

Receipt was (check one) _____ LOST _____ NOT AVAILABLE

I, _____, the undersigned cardholder, do certify that the above purchase was made for official university business.

Cardholder: _____ Account-holder/Designee Signature: _____

Updated:
9/10/2014