

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 1/2 x 11 sheet of paper must be taped to an 8 1/2 x 11 sheet of paper.
- Paperclip all receipts to the back of this form.
- 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	CRIS (221 accts)	Charge Amount

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: _____

Account-holder/Designee Signature: _____

Updated:
4/29/13