

Purchasing Card Receipt Form

This electronic form has been designed to allow you to input all available information, including any available receipts and additional justification/approval for this charge, on a single page.

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

Faculty Name: _____ Receipt Date: _____ Total: _____

Vendor: _____

Vehicle or Tag #: _____ Boat #: _____

Please describe the items you have purchased:

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: _____

Account-holder/Designee Signature: _____

Office Use Only:

Billing Date: _____

Account Code _____

TA# _____

ER# _____

RA# _____

Voucher# _____

Verified: _____ **Date:** _____

Approved: _____ **Date:** _____

(+grant): _____ **Date:** _____

Downloaded:

Uploaded: _____ **Date:** _____

