

# 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:** \_\_\_\_\_

