

Receipt Replacement Form

(For internal use only, retain with the monthly statement)

This form is to be used only if the actual receipt, invoice (credit), packing list, or internet order form is not available. It will be allowed only on an exception basis. Usage of this form more than three times in one fiscal year may result in suspension of card privileges. This form must be filled out COMPLETELY and signed by the cardholder and the cardholder's approver.

Cardholder Name: _____ Last 4 Card Digits: _____

Department: _____

Explain why the receipt is not available and what attempts have been made to obtain a duplicate receipt from the vendor. (Include names, dates, phone numbers, and/or emails used in requesting documentation):

Vendor Name: _____ Purchase Date: _____

Vendor Phone: _____ Contact: _____

Description of Purchase (list items and quantities)

Description	Purpose	Cost
<i>(Use additional pages if needed)</i>		Total Purchase Amount \$

CARDHOLDER: By signing below I certify that the above purchase was made for official institute business only.

Signature: _____ Date: _____

APPROVER: By signing this form I agree that the above purchase was made for official institute business only. The cardholder was reminded that vendor receipts are required for all PCard purchases.

Signature: _____ Date: _____