



Receipt Replacement Form

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 is not UCF's preferred source of appropriate documentation.

This form must be filled out **COMPLETELY** and signed by the cardholder and the cardholder's manager.

Cardholder Name:		Purchase Date:	
Merchant Name:		Last Four Card Digits:	

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):

Description of Purchase (list items and quantities)

Description	Purpose	Cost of Item(s)
(Use additional pages if needed)	Total Purchase Amount	\$

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

Signature: _____ **Date:** _____

Manager: 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 card purchases.

Signature: _____ **Date:** _____