

**PCARD
 REPLACEMENT
 RECEIPT FORM**



This form is to be used only if the actual receipt, invoice, packing list or internet order form is not available. It will be allowed only as a rare circumstance. It must be filled out **COMPLETELY** and signed by the cardholder's Supervisor.

Cardholder name: _____ UFID: _____

Department: _____ DeptID: 6014

Explain why the receipt is not available:

Project/Grant to Charge: _____

Vendor Name: _____ Purchase Date: _____

Description of Purchase (list items and quantities)

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

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

Signature: _____ Date: _____

SUPERVISOR: By Signing this form I agree that the above purchase was for business purposes. The cardholder was reminded that vendor receipts are required for all PCard Purchases.

Signature: _____ Date: _____

SUBMIT