



PCard 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 3 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Use additional pages if needed)		Total Purchase Amount \$ <input type="text"/>

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: