

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

Explain why the receipt is not available: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vendor Name: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

### Description of Purchase (list items and quantities)

Description	Purpose	Cost
Total Purchase Amount \$		

*(Use additional pages if needed)*

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