

**University of Florida
Department of Chemical Engineering**

Purchasing Card Receipt Form

Please tape **ITEMIZED** receipt for **one** credit transaction to space below. *Please tape the perimeter of the receipt, but do not cover the print as the acid on the tape will fade the print. Do not fold the receipt to make it fit in this space as it makes it difficult to fax records to Purchasing. If the receipt will not fit below, tape it to an 8.5 x 11 sheet of paper. Use a paper clip to attach additional sheets to this Invoice Record cover sheet – no staples please.*

Cardholder's Name: _____ Date of Purchase: _____

Cardholder's Signature: _____

Person Requesting Order if Different from P-card Holder (for deliveries): _____

Vendor Name: _____

Item(s) Purchased: _____

Amount of Purchase: \$ _____ Project to be Charged: _____

Budget Authority Signature: _____

Office Use Only:						
Fund	Program	Account	SOF	Flex	UFID	Project

Travel Authorization # (TA): _____ Invoice #: _____ Amount: \$ _____

Date Posted: _____ Date Reconciled: _____ Approved By: _____