

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: _____

Project/Grant to Charge _____

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: _____