



Purchasing Card Receipt Replacement Form

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. 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 supplier.

(Include names, dates, phone numbers, and/or emails used in requesting documentation):

Transaction ID: _____

Merchant Name: _____ Date: _____

Merchant Phone: _____ Contact: _____

Description of Purchase (list items and quantities)

<i>Description</i>	<i>Purpose</i>	<i>Cost</i>
<i>(Use additional pages if needed)</i>		Total
		\$

Purchase Amount

CARDHOLDER: By signing this form, I certify that the above purchase was made for official institution business only.

Signature: _____ Date: _____

Signature: _____ Date: _____

VICE PRESIDENT: By signing this form I agree that the above purchase was made for official institution business only. The cardholder was reminded that supplier receipts are required for all Credit Card purchases.