



# 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)

<i>Description</i>	<i>Purpose</i>	<i>Cost</i>
<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"/>
<i>(Use additional pages if needed)</i>	<b>Total Purchase Amount</b>	<b>\$ <input type="text"/></b>

**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: