



# 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)

Description	Purpose	Cost
<i>(Use additional pages if needed)</i>		<b>Total Purchase Amount</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 [ ]