Florida State University Purchasing Card Program
Replacement Receipt Form

Date of Purchase: ________________________________

Merchant Name: _______________________________________________________

Method of Purchase (circle one): Telephone Fax Internet Storefront

Other: ________________________________

Item 1: ________________________________ Amount of Item $ __________________

Item 2: ________________________________ Amount of Item $ __________________

Item 3: ________________________________ Amount of Item $ __________________

Item 4: ________________________________ Amount of Item $ __________________

Item 5: ________________________________ Amount of Item $ __________________

Item 6: ________________________________ Amount of Item $ __________________

Additional items listed (must include price for each item):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Receipt was (circle one): Lost Not Obtainable

I, ________________________________, the undersigned do certify that the above
(Type or Clearly Print Name)
purchase was made for official state business.

_________________________________________ ________________
Cardholder Signature Date

***SPECIAL NOTE: This form cannot be used for charges to be paid using a Contracts and Grants (C&G) or Foundation budget. The charge must be paid using other funds if an itemized receipt cannot be found or provided by the merchant. Repeated use of this form is a violation of pcard policies.