

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.**