

Billing Date \_\_\_\_\_

Verifier Initial \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Approver Initial \_\_\_\_\_ Date \_\_\_\_\_

## Purchasing Card Receipt Form

- Provide an itemized and signed receipt.
- Do not tape over the words on your receipt.
- Do not write over print on receipt.
- Receipts smaller than an 8 ½ x 11 sheet of paper must be taped to an 8 ½ x 11 sheet of paper.
- Do not use staples.

**The following information is required for auditing purposes:**

Cardholder: \_\_\_\_\_

Funding Source:

Dept. ID	Fund	Program	Source	Budget Ref.	Project #	Flex Code	UFID	CRIS	Charge Amount
<b>Total:</b>									

Faculty Name: \_\_\_\_\_

Vendor: \_\_\_\_\_

Vehicle or Tag #: \_\_\_\_\_ Boat #: \_\_\_\_\_

Please list the items purchased (most expensive first):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Use Only:**

Account Code \_\_\_\_\_

TA# \_\_\_\_\_

ER# \_\_\_\_\_

RA# \_\_\_\_\_

How does this purchase directly benefit the funding source? (Please be detailed – use the back of the page or attach a separate justification if required):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

Account-holder/Designee Signature: \_\_\_\_\_

Last Modified:  
3/31/2015