Billing Date

Verifier Initial

Date

Approver Initial

Date

**Office Use Only**

**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 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Total: |  |

Faculty Name:

Vendor:

**Office Use Only:** Account Code TA#

ER# RA#

Vehicle or Tag #: Boat #:

Please list the items purchased (most expensive first):

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