Replacement Receipt Form

Date of Purchase: __/__/___

Item Description	Qty.	Unit Price	Extended Total
Shipping			$
Order Total			$

Receipt was: [ ] lost

[ ] unobtainable

[ ] other: _____

I hereby certify that the above accurately depicts the actual purchase. This purchase was made in accordance with procedures listed in the following applicable manuals –

PCard Manual - https://www.fau.edu/procurement/files/purchasingcard/manual.pdf

T&E Manual - https://www.fau.edu/procurement/files/purchasingcard/travel-and-expense-manual.pdf

Cardholder/Employee Name:_____ Today's Date: ___/___/_____

Cardholder/Employee Signature: _____