

P-Card Substitute Receipt Form

For internal use only –
This form is to be completed as documentation <u>only</u> if the actual itemized receipt is not attainable for a transaction made with the USU P-Card. The form must be filled out completely, signed by the Cardholder and by the Cardholder's Supervisor.

VENDOR NAME:			
TELEPHONE NUMBER:			
ADDRESS:			
DATE ORDER PLACED:			
PLACED BY:			
ORDER PLACED WITH:			
(Name of supplier's representative)			
DESCRIPTION/ ITEMS PURCHASED			COST
		TOTAL	\$
Why is the original itemized receipt missing?			
with is the original itemized receipt missing?			
Business Purpose of Transaction:			
Cardholder Signature		Date:	
		<u> </u>	
Printed Name:			
		Data	
Signature of Supervisor		Date:	
Olymature of Oupervisor			
Printed Name:			
Title			
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