



Office of the Controller Replacement Receipt Form



This form is required for any transaction that does not have documentation from the merchant.
Warning: Repeated use of this form for credit card purchases could result in a loss of card privileges.

Documentation from the merchant is required for **EVERY** transaction.

Proper transaction documentation includes:

- Original invoice showing itemized charges
- Invoice showing credit card payment
- Itemized receipt and credit card transaction slip from merchant

Please attach any additional information, correspondence, or justification about this transaction to this sheet.

Date: _____

Name/Cardholder Name: _____

Department Name: _____

Manager/Department Head Name: _____

Date of Purchase	Merchant Name	Description of Item	Cost	Reason Original Documentation is not Available
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby certify the following:

- All items purchased were for University use and no personal purchases were made.
- I will not seek reimbursement in any other manner for this transaction.
- Original documentation is not in my possession for the reasons stated above.
- If this is a credit card transaction, I acknowledge that repeated lack of documentation could result in revocation of my card.

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____