

UNIVERSITY OF FLORIDA
PURCHASING CARD PROGRAM

REPLACEMENT RECEIPT FORM

MERCHANT NAME: _____

DATE OF PURCHASE: _____

DESCRIPTION OF PURCHASE: (list items purchased)

PURCHASE AMOUNT: \$ _____

RECEIPT WAS (check one) _____ LOST _____ NOT AVAILABLE

I, _____, THE UNDERSIGNED DO
(Type or Clearly Print Name)

CERTIFY THAT THE ABOVE PURCHASE WAS MADE FOR OFFICIAL STATE
BUSINESS.

CARDHOLDER SIGNATURE

GROUP IDENTIFIER

DATE