

## **P-Card Substitute Receipt Form**

Card #
Index # A
TA

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 approved by the Cardholder's Supervisor or Card Manager.

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 w	alacina?			
Why is the original itemized receipt missing?				
Business Purpose of Transaction:				
Cardholder Signature		Date:		
Cardifolder digitature		Date		
Printed Name:				
		<b>-</b> .		
Signature of Supervisor or Card Man	agor	Date:		
Signature of Supervisor of Card Man	agei			
Printed Name:				
T20 -				