P-Card Substitute
Receipt Form

For internal use only –

This form is to be completed as documentation only 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 missing? _____

_____

Business Purpose of Transaction:

_____

Cardholder Signature _____ Date: _____

Printed Name: _____

_____ Date: _____

Signature of Supervisor or Card Manager

Printed Name: _____

Title: _____