

PROCARD RECEIPT FORM

TO BE USED WHEN NO RECEIPT IS AVAILABLE

Transaction Date _____

Vendor _____

Description _____

Received _____

Amount _____

Method of Purchase _____

DEPARTMENT NAME _____

DEPARTMENT PEOPLESFT ID# _____

CARD HOLDER'S NAME _____

CARD ACCT. NUMBER (last 6 digits only) xxxx-xxxx-xx ____ - ____

THIS RECEIPT MUST APPEAR ON YOUR TRANSACTION SUMMARY ON THE MONTH IT OCCURRED AND BE RETAINED AS A PERMANENT RECORD

“I certify the above transaction was a legitimate University business expense for which I was unable to obtain a receipt.”

Signature

Date