

**Florida State University Purchasing Card Program
Replacement Receipt Form**

DATE OF PURCHASE: _____

MERCHANT
NAME: _____

METHOD OF PURCHASE: TELEPHONE FAX INTERNET STOREFRONT

OTHER: _____

ITEM 1: _____ AMOUNT OF ITEM \$ _____

ITEM 2: _____ AMOUNT OF ITEM \$ _____

ITEM 3: _____ AMOUNT OF ITEM \$ _____

ITEM 4: _____ AMOUNT OF ITEM \$ _____

ADDITIONAL ITEMS LISTED (MUST INCLUDE PRICE FOR EACH ITEM:

RECEIPT WAS (CHECK ONE) LOST NOT OBTAINABLE

I, _____, the undersigned do certify that the
above purchase

(Type or Clearly Print Name) was made for official state business.

CARDHOLDER SIGNATURE

DATE

*****SPECIAL NOTE: THIS FORM IS CANNOT BE USED FOR CHARGES TO BE PAID
USING A CONTRACTS AND GRANTS (C&G) BUDGET. THE CHARGE MUST BE PAID
USING OTHER FUNDS IF AN ITEMIZED RECEIPT CANNOT BE FOUND OR PROVIDED
BY THE MERCHANT.**