University of Missouri Purchasing Card Program
Replacement Receipt Form

DATE OF PURCHASE: _____

MERCHANT NAME: _____

METHOD OF PURCHASE: _____ TELEPHONE _____ FAX _____ INTERNET
_____ STOREFRONT

OTHER: _____

DESCRIPTION OF PURCHASE / REASON WHY RECEIPT CANNOT BE OBTAINED:

_____

_____

_____

_____

_____

_____

PURCHASE AMOUNT $ _____

RECEIPT WAS (CHECK ONE) _____ LOST _____ NOT OBTAINABLE

I, _____, the undersigned do certify that the above
(print name) purchase was made for official University business.

_____ _____

CARDHOLDER SIGNATURE DATE

_____ _____

APPROVED BY SUSAN LASLEY DATE