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