



**PURCHASING CARD
SUBSTANTIATION FORM FOR LOST OR UNOBTAINABLE RECEIPTS**

To Be Completed by Cardholder

LOST/UNOBTAINABLE RECEIPT:

VENDOR: _____

TRANSACTION AMOUNT: \$ _____

DATE OF TRANSACTION: _____

Provide an explanation as to why the receipt or other documentation is not available, including attempts made to obtain the documentation from the vendor (a separate memo may be attached if desired):

Detailed Description (what was purchased):

Detailed Purpose (why it was purchased):

Accounts to be Charged:

Budget	Fund	Obj Code	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dept Free Space: _____

Cost Center(s): _____

Sub-Objects(s): _____

I verify that this transaction was for authorized University business, was not reimbursed from another source, and complies with University policy and procedure.	
_____	_____
Cardholder Signature Print Cardholder Name	Date

To Be Completed by Reconciler

P Number: _____

Reconciler's Initials: _____

Date: _____



Transaction may not be reconciled until the following approvals are obtained:

Transaction Under \$100: Budget Administrator and Financial Officer or Assistant

Transaction \$100 or More: Budget Executive and Financial Officer (no delegates).

Any Transaction Charged to Federal or Federal Flow-Through Funds: Principal Investigator must approve the transaction.

Approved by:

Principal Investigator _____

Date

Budget Admin/Budget Exec _____

Date

Financial Officer _____

Date