P-Card Substitute Receipt Form

This form is to be completed as documentation only if the actual receipt is missing or not attainable for a transaction made with the Fairfield University P-Card. The form must be filled out completely, signed by the cardholder and approved by the Cardholder's Supervisor.

VENDOR NAME:	
PHONE NUMBER:	
ADDRESS:	
DATE ORDER PLACED:	
Name of Vendor's Representative:	

DESCRIPTION OF ITEMS PURCHASED	**COST**
TOTAL	**$**

Why is the original itemized receipt missing? _____

_____

Business Purpose of Transaction: _____

_____

Cardholder Signature: _____Date: _____

Printed Name:_____

Signature of Supervisor: _____ Date: _____

Printed Name: _____

Title: _____