

FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

Replacement Receipt Form

Date of Purchase: _/_/___

Item Description:	Qty.	Unit Price:	Extended Total:
		Shipping:	\$
		Order Total:	\$

Receipt was: lost
 unobtainable
 other: _____

I hereby certify that the above accurately depicts the actual purchase and was made in accordance with procedures listed in the Purchasing Card Users Manual.

Cardholder Name / Today's Date

Cardholder Signature