Attachment V
Purchasing Card Replacement Receipt Form

Vendor: _____

Vendor Address: _____

Vendor Phone: _____Date of Purchase: _____

Date of Purchase: _____Total Purchase Amount:_____

Description of Purchase	Purpose of Purchase	Quantity	Price / Each

(Please use additional sheet if necessary)

Original receipt was (check one): ____ Lost ____ Not Obtainable*

If Not Obtainable, explain why: _____

_____

I, _____, the undersigned do certify that
(**Type or Clearly Print Name**)
the above purchase was made for official state business.

_____ _____
Cardholder Signature Date

_____ _____
Division Manager Signature Date

** If the original receipt cannot be obtained before the charge has appeared in WORKS this form must be completed and the charge must be approved. Do not hold a charge in WORKS while you are waiting on an original receipt. Please continue to make every effort to obtain an original receipt from the vendor, in addition to completing this form. If original receipt is obtained after this form has been completed and forwarded to accounting, place receipt in new Purchasing Card envelope and reference which period the form was originally sent to accounting.*

Note: This form is a last resort. It is not acceptable to use this form as a regular practice. Overuse of this form will result in your card being suspended or cancelled.