

**FLORIDA**  
**SOUTHWESTERN**  
STATE COLLEGE

PURCHASING CARD PROGRAM

REPLACEMENT/MISSING RECEIPT

DATE OF PURCHASE: \_\_\_\_\_

MERCHANT NAME: \_\_\_\_\_

METHOD OF PURCHASE: \_\_\_ TELEPHONE \_\_\_ INTERNET \_\_\_ STOREFRONT \_\_\_ OTHER

RECEIPT WAS (Check One): \_\_\_ LOST \_\_\_ NOT AVAILABLE \_\_\_ OTHER

DESCRIPTION OF PURCHASE (list items purchases and amounts):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL PURCHASE AMOUNT: \$ \_\_\_\_\_

I, \_\_\_\_\_ (Clearly Print Name) the undersigned, do here certify that the above purchase was made for official college business.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date