

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

**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):

**I verify that this transaction was for authorized University business, was not reimbursed from another source, and complies with University policy and procedure**

\_\_\_\_\_  
**Cardholder Printed Name:**

\_\_\_\_\_  
**Cardholder Signature and Date:**

**Accounts to be Charged:**

Cost Object Type	Cost Object Number	GL Account #	Amount

**APPROVALS:**

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

**Transaction Under \$100:** Budget Administrator and Financial Officer or authorized FO delegate

**Transaction Over \$100:** Budget Executive and Financial Officer or authorized FO delegate

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

**Approved by:**

\_\_\_\_\_  
**Principal Investigator Name:**

\_\_\_\_\_  
**Principal Investigator Signature and Date:**

\_\_\_\_\_  
**Budget Administrator/Budget Executive Name:**

\_\_\_\_\_  
**Budget Administrator/Budget Executive Signature and Date:**

\_\_\_\_\_  
**Financial Officer or authorized FO delegate Name:**

\_\_\_\_\_  
**Financial Officer or authorized FO delegate Signature and Date:**