University of Missouri Purchasing Card Program
Replacement Receipt Form

DATE OF PURCHASE: ________________________________

MERCHANT NAME: _____________________________________________________

METHOD OF PURCHASE:      _____ TELEPHONE      _____ FAX    ____INTERNET
                             _____ STOREFRONT

OTHER: __________________________________________________________

DESCRIPTION OF PURCHASE:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

PURCHASE AMOUNT $ __________________________

RECEIPT WAS (CHECK ONE) _______ LOST _______ NOT OBTAINABLE

I, _______________________________, the undersigned do certify that the above
(print name) purchase was made for official University business.

_________________________________________    ______________________________
CARDHOLDER SIGNATURE     DATE

NOTE: this form is to serve as a receipt; if a receipt cannot be obtained from the
merchant or from JP Morgan. If JP Morgan cannot provide receipt attach the letter from
JP Morgan to this form and keep for departmental records.