

**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.