MTSU PURCHASING CARD
REPLACEMENT RECEIPT FORM

Order Date	Vendor/Contact/Phone#	Quantity/Description	Charges (Or Refund)	Shipping Charges	Date Merchandise Rec'd

Explain why original receipt is not on file:

_____

_____

_____

_____

_____

What actions were taken to secure a replacement receipt from the vendor?

_____

_____

_____

_____

_____

_____ _____

Cardholder Name ***Purchasing Card Number***

_____ _____

Approving Authority Signature ***Date***