

accounts payable@floridapoly.edu

This form is to be used **ONLY** if the actual receipt, invoice, packing list or internet order form is not available. It will be allowed **ONLY AS A RARE CIRCUMSTANCE**. It must be filled out **COMPLETELY** and signed by the requester's supervisor.

Missing Receipt Form

Requester Name: _____

Department: _____

Explain why the receipt is not available:

Project/Grant to Charge (If Applicable): _____

Vendor Name: _____ **Purchase Date:** _____

Description of Purchase (List Items and Quantities)

Description	Purpose	Cost
(Use Additional Pages If Needed)		Total Purchase Amount \$

REQUESTER: By signing below I certify the above purchase was made for official university business only.

Signature: _____ Date: _____

Print Requester Name: _____

REQUESTER'S SUPERVISOR: By signing this form I agree the above purchase was for business purposes. The Requester was reminded that vendor receipts are required for **ALL** Purchases.

Signature: _____ Date: _____

Print Supervisor Name: _____

DEPARTMENTAL VICE PRESIDENT: Signature below is only required for purchases of \$25 or more. By signing this form I agree the above purchase was for business purposes. The Requester was reminded that vendor receipts are required for **ALL** Purchases.

Signature: _____ Date: _____

Print Departmental Vice President Name: _____