

**Sacred Heart University Purchasing Card Program  
Replacement Receipt Form**

DATE OF PURCHASE: \_\_\_\_\_

MERCHANT NAME: \_\_\_\_\_

METHOD OF PURCHASE:     TELEPHONE                     FAX  
    STOREFRONT                     INTERNET

OTHER: \_\_\_\_\_

DESCRIPTION OF PURCHASE:

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PURCHASE AMOUNT \$ \_\_\_\_\_

RECEIPT WAS (CHECK ONE)  LOST  NOT OBTAINABLE

I, \_\_\_\_\_, the undersigned do certify that  
(print name)

the above purchase was made for official University business.

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE