

FLORIDA KEYS COMMUNITY COLLEGE
PCARD PROGRAM

REPLACEMENT RECEIPT FORM

MERCHANT NAME: _____

DATE OF PURCHASE: _____

DESCRIPTION OF PURCHASE: (list items purchased)

PURCHASE AMOUNT: \$ _____

RECEIPT WAS (check one) _____ LOST _____ NOT AVAILABLE

I, _____, THE UNDERSIGNED DO
(Type or Clearly Print Name)

CERTIFY THAT THE ABOVE PURCHASE WAS MADE FOR OFFICIAL COLLEGE
BUSINESS.

CARDHOLDER SIGNATURE

DEPT CODE AND GL ACCOUNT

DATE