

**Mail: University of Rhode Island
Carlotti Administration Bldg.
75 Lower College Road, room 103
Kingston, RI 02881-1966**

This form is to be used as documentation **ONLY** if the actual itemized receipt/invoice is not attainable for a transaction. Use of this form in lieu of an actual receipt, should be a rare exception, not the rule. Please list any expense(s) paid with a PCard, TCard, personal credit card, or cash. **The form must be filled out COMPLETELY, signed by the individual and approved by the Department Administrator.**

Individual Information

Name: _____

Department: _____

Why is the original invoice, receipt or other appropriate substitute missing?

Vendor Information

Vendor Name: _____ Phone Number: _____

City and State: _____

Date of Purchase: _____

| Item Description | Purpose | Amount |
|------------------|---------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | |

Individual's Signature: _____

Date: _____

Dept. Admin. Signature: _____

Date: _____

Approval Signature: _____

Date: _____

(Assistant Controller or Accounts Payable Manager)