RECEIPT/DOCUMENT NUMBER (Displayed on EIC):________________________

DATE OF PURCHASE:_________________________

MERCHANT NAME:_________________________________________

CARDHOLDER NAME:_______________________________________

DESCRIPTION OF PURCHASE:___________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

TOTAL PURCHASE AMOUNT:___________________________

RECEIPT WAS (CHECK ONE)_______LOST________NOT OBTAINABLE

PLEASE PROVIDE BRIEF EXPLANATION OF WHY RECEIPT WAS NOT OBTAINABLE:__________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I,_______________________________________, the undersigned do certify that the above purchase was made for University of Arkansas business.

_________________________________________
CARDHOLDER SIGNATURE

_______________________________
DATE

_________________________________________
DEPARTMENT HEAD SIGNATURE

_______________________________
DATE