COLLIN COLLEGE

PCARD SUBSTITUTE RECEIPT FORM

Cardholder Name:_____

Last Four Digits of Card Number:_____

FOAP (Index and Account):_____

Name of Vendor:_____

Date of Transaction:_____

Total Amount of Transaction:_____ $ 0.00

Goods Purchased:

Item Description	Quantity	Unit Cost	Total Cost
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00

_____

Cardholder Signature Date

_____

Approver Signature Date