Print Form

University of British Colum
Microbiology & Immunolo

LOST ORIGINAL UBC PURCHASE CARD RECEIPT(S)

TO: **Purchase Card Department Card Coordinator – Susan Palichuk**
Tel: (604) 822-6648 **Fax: (604) 822-6041**

FROM:

Tel: (604) **Fax: (604) 822-6041**
E-mail: _____

DATE:

I _____ **hereby certify that the original UBC Purchase Card receipt for the transaction detailed below has been lost or misplaced.**

Item Description	Vendor Name	Amount

This expense was incurred on _____ **and is billable to:**
(DATE)

Speed chart (4 alpha)	FMIS Account (6 digits)

This expense <u>has not and will not be claimed from any other source.</u> Where application, if a granting agency disallows this expense, the department will allocate the disallowed amount to another appropriate departmental Project Grant or GPOF cost centre.

CARDHOLDER SIGNATURE	**CARD NUMBER**
VP/DEAN/DEPT HEAD/ DIRECTOR/GRANT HOLDER SIGNATURE	**NAME / TITLE / DATE**