

VERMONT STATE COLLEGES
MISSING RECEIPT FORM

MERCHANT NAME: _____

DATE OF PURCHASE: _____

DESCRIPTION OF PURCHASE: (LIST ITEMS PURCHASED)

BUSINESS PURPOSE:

PURCHASE AMOUNT: _____

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

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

Cardholder Signature

Date