



STATE OF LOUISIANA PURCHASING CARD PROGRAM REPLACEMENT RECEIPT FORM

Date of Purchase: _____

Merchant Name: _____

Method of Payment:

Telephone Fax Internet In-Store

Other: _____

Description of Purchase:

Purchase Amount: _____

Receipt was: Lost Not Obtainable

I, _____, the undersigned do certify that the above purchase was made for official state business.

Cardholder Signature

Date

Note: This form is to serve as a receipt; if a receipt cannot be obtained from the merchant or from Bank of America. If Bank of America cannot provide receipt, attach the letter from Bank of America to this form and keep for agency records.