Substitute Receipt

This form is to be used only if the actual receipt is not available. It will be allowed only in extenuating circumstances. It must be filled out completely and signed by the department supervisor.

Name: _____ FIT ID: _____

☐ Florida Tech Credit Card (Last 4 Digits): _____

☐ Employee Expense Reimbursement

Name of Vendor/Merchant: _____

Date	Description of item	Amount
	Grand Total	0.00

Reason for Substitute Receipt: _____

_____

_____

Required Signatures

_____

Person Requisitioning Date

_____

Supervisor/Division Dean/Dept Head Date

_____

Business Services Director Date