

UNIVERSITY OF WYOMING CARDHOLDER
SUBSTITUTE RECEIPT FORM

Please use a separate form for each transaction.

ACCOUNT INFORMATION

Account Number
(last six digits only): XXXX-XXXX-XX -

Cardholder Name: _____

Work telephone number: _____

PROVIDE NECESSARY DETAILS:

INCLUDE VENDOR NAME, DATE, AMOUNT OF TRANSACTION, AND EXPLANATION

Please sign and date after completing and printing the form

CARDHOLDER SIGNATURE _____ DATE _____

DEPT. HEAD SIGNATURE _____ DATE _____