

**Justice Administrative Commission
Purchasing Card Program
Confidential Receipt Form**

TXN _____

Office Name: _____

Statute or Rule Exemption Citation: _____

Vendor Name: _____

Vendor FEID: _____

Purchase Amount: _____

Generic Description of Goods or Services (e.g. non-employee travel, contractual service, case-related lab fees). Please do not include any sensitive information in this description.

Location of Un-redacted Records:

Additional Information or Justification:

I do certify that the above-referenced purchase was made for official state business, in accordance with all laws, rules, policies, and procedures, on my state-issued purchasing card, account number ending in _____ (last 4 digits). I certify that the original receipt contains confidential or exempt information that would require the entire document to be redacted in order to protect the information. I understand that all original documentation must be maintained in accordance with state and agency records retention requirements, and might be requested for review in case of a potential audit.

Accountholder's Signature: _____

Printed Name: _____

Date: _____

Supervisor's Signature: _____

Printed Name: _____

Date: _____