

Declaration of Missing Receipt Form

Submit this form with a reimbursement request if the original receipt was lost or misplaced by the payee/traveler or if an itemized receipt was not available.

I, , declare that (complete sections a and b)

1. The original receipt is not attached because:

*[ ]*  Receipt was lost and all measures to obtain a duplicate receipt have been exhausted  *[ ]*  Receipt was unavailable or not issued by vendor/provider

*Complete if the missing receipt included food and/or beverage purchases:*

Because original receipt is not available, I attest that alcohol

*[ ]*  Was purchased, costing $ and was deducted from this claim  *[ ]*  Was not purchased or included on this receipt

1. List details for the missing receipt(s):

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Expense** | **Vendor** | **Description** | **Amount** |
|  |  |  |  |
|  |  |  |  |

Total:

These expenses are the amount actually paid and will not be claimed from any other source.

Signature Date

OSP Eff:

April 06, 2015, until

amended Rev. June 14, 2022