



# 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)

a. 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

b. 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