

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)	
		(print name)			
a. Th	e origina	al 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 b	y vendor/provider		
_		g receipt included food and/or beverage riginal receipt is not available, I attest that			
		Was purchased, costing \$	and was deducted from this claim		
		Was not purchased or included on this i	receipt		
b. Lis	t details	for the missing receipt(s):			
	ite of	Vendor	Description	Amount	
ex	pense				
			Total:	\$ -	
∓ I.		consecute the amount actually paid and will not be eleigned from any other accura-			
ΙŊ	These expenses are the amount actually paid and will not be claimed from any other source.				
Sigr	nature		Date		