

Lost or Unavailable Receipt Form

If a duplicate cannot be obtained, the employee must submit the following signed form with their Travel Claim and/or Expense Claim for reimbursement to the Accounting Office.

Name:		Card #: (last 4 digits)
Vendor:	Date of Receipt:	Receipt Total:
Description of goods/services purchased:		

I, _____ hereby declare that I have lost or accidentally destroyed the original receipt. I further declare that I have not and will not use this receipt (if found) to claim reimbursement from another source, or to support any claim for income tax deductions in the future.

Signature

Date