

# CERTIFICATE OF MISSING RECEIPT

This form must be completed for each missing receipt required as part of any reimbursement transaction. Acceptance of this form in lieu of the original receipt is at the discretion of the funding approver(s) and the Controller's Department, and the University is under no obligation to reimburse for unsubstantiated costs.

Employee/Payee Name \_\_\_\_\_ Transaction Date (mm/dd/yyyy) \_\_\_\_\_

Vendor Name \_\_\_\_\_ Missing Receipt Amount \_\_\_\_\_

Description of Purchase	Quantity	Cost of Item	Total Cost

## REASON ORIGINAL ITEMIZED RECEIPT IS NOT AVAILABLE

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## EMPLOYEE/PAYEE HAS MADE THE FOLLOWING ATTEMPTS TO OBTAIN RECEIPTS OR DOCUMENTATION

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## CERTIFICATION SIGNATURES

I hereby certify the following:

- No alcohol is being reimbursed, except with 206 or unrestricted 497 funds.
- All goods or services purchased on this transaction were for university use. No personal purchases were made.
- I will not seek reimbursement from the university in any other manner for this transaction.
- Original itemized receipt is not in my possession for the reasons stated above.
- I acknowledge that repeated lack of documentation could result in revocation of Employee Reimbursement system privileges.

Employee/Payee: \_\_\_\_\_ Date: \_\_\_\_\_

Department chair/director: \_\_\_\_\_ Date: \_\_\_\_\_

(If the employee/payee is the department chair/director, please obtain signature from the employee/payee's supervisor.)

This form must be imported to either an Employee Reimbursement, a Disbursement Voucher, or Simple Disbursement Voucher in lieu of the original receipt.