

IOWA STATE UNIVERSITY

CERTIFICATE OF MISSING RECEIPT

This form must be completed for any transaction that does NOT have an itemized receipt. Acceptance of this form in lieu of the original receipt is at the discretion of the funding approver(s) and the Controller's Department. The University is under no obligation to reimburse for unsubstantiated costs.

Cardholder/Payee Name _____ Transaction Date (mm/dd/yyyy) _____

Vendor Name _____ Department Name _____

Missing Receipt Amount _____

Transaction Type: (Check one) Purchasing Card Travel & Hospitality Card Reimbursement

Description of Purchase	Quantity	Cost of Item	Total Cost

REASON AN ITEMIZED RECEIPT IS NOT AVAILABLE

CARDHOLDER/PAYEE HAS MADE THE FOLLOWING ATTEMPTS TO OBTAIN RECEIPTS OR

CERTIFICATION SIGNATURES

I hereby certify the following:

- No alcohol is being reimbursed, except with agency or general support Foundation 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 the p-card, T&H card or reimbursement privileges.

Cardholder/Payee: _____ Date: _____

Department chair/director or equivalent: _____ Date: _____
(If the cardholder/payee is the department chair/director or equivalent, please obtain signature from the cardholder/payee's supervisor.)

This form must be attached to the Workday transaction in lieu of the original receipt.