

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 AN ITEMIZED RECEIPT IS NOT AVAILABLE

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

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.
- Itemized receipt is not in my possession for the reasons stated above.
- I acknowledge that repeated lack of documentation could result in revocation of reimbursement 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 an Expense reimbursement, a Supplier Invoice, or an Ad Hoc Payment in lieu of the original receipt.