MISSING RECEIPT FORM

Date of Purchase:	
Location of Purchase: **Vendor Name and Address:**	
Amount Spent :	
Items Purchased (Detailed description necessary):	
Business Purpose for Purchase :	
Reason receipt is missing and why you cannot obtain a copy :	

I understand that a Missing Receipt Form may not be completed on a routine basis and that overuse may revoke the privilege of providing a Missing Receipt Form in lieu of a receipt. I certify that the amount shown is the amount actually paid, that I have not and will not submit a duplicate claim, and that I have not and will not seek a claim for these expenses from any other source. I understand that violation of this policy may result in disciplinary action, including termination.

Employee Name (Last/First/Middle) Please Print — Date

Employee's Signature <REQUIRED> — Date

Approving Budget Manager's Signature<REQUIRED> — Date