

LOST/MISSING RECEIPT VERIFICATION

Purchaser Name: _____ Department: _____ Ext: _____

Original Receipt was:

- Lost
- Never Received

If possible provide the document or reference number:

Purchase Amount(s):

Date of Purchase:

Purchased from (Name of Business/Vendor):

Detailed description of item(s) purchased:

REQUIRED CERTIFICATION and SIGNATURE OF PURCHASER:

For the purchase stated above, I certify I have taken all measures to obtain a duplicate receipt, the original itemized receipt is not available and I am not claiming reimbursement from any other source nor claiming this purchase as a tax deduction.

Printed Name: _____ Signature: _____ Date: _____

APPROVAL OF DEPARTMENT HEAD OR DESIGNATED APPROVER:

Printed Name: _____ Signature: _____ Date: _____