

LOST / MISSING RECEIPT VERIFICATION

Purchaser Name: _____ Department: _____ Extension: _____

Billing Period: _____

Original Receipt was:

Lost

Never Received

If possible provide the document or reference number: _____

Account No.: _____

Purchase Amount (\$): _____

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: _____