



LOST RECEIPT DECLARATION FORM

LOST RECEIPT

If a duplicate cannot be obtained, for reasonable expenses, the employee/claimant must submit the following signed form with their Expense Claim for reimbursement to the Accounts Payable Department. This form must also be submitted with Corporate Visa Card Statements, if receipts have been lost.

PLEASE NOTE: You must fill out one form per lost receipt. This form is not meant to replace obtaining receipts.

RE: Original Receipt

I, _____, hereby declare that I have lost or accidentally destroyed the original receipt. I further declare that I have not and will not use this receipt (if found) to claim reimbursement from any other source.

A detailed list of the goods or services purchased is as follows:

Vendor Name: _____
(Name of store, hotel, airline, restaurant, etc.)

Date of Purchase: _____

Amount of Purchase: _____

Description of goods/services purchased: _____

Printed name of Claimant

Department/School

Signature of Claimant

Date

Printed Name of Principal or Director

Signature of Principal or Director

Date