

Receipts are expected for all expenses \$50 and greater. Please use this form on an exception only basis.

**MISSING RECEIPT DOCUMENTATION**

Please provide the following information:

Date Paid \_\_\_\_\_

Vendor Name \_\_\_\_\_

Location (City, State or Country) \_\_\_\_\_

Amount Paid \_\_\_\_\_

Item Description \_\_\_\_\_

STATEMENT OF REASON FOR NOT HAVING RECEIPT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

Date \_\_\_\_\_

I, \_\_\_\_\_

Name

of \_\_\_\_\_

Department Name

certify that the foregoing transaction receipt is not available or obtainable. The information is true and accurate, and the amount shown is legally due.

\_\_\_\_\_

Signature