

Missing Receipt Form

Type:

University Purchasing Card (P-Card)

Out-of-Pocket Expense

Date of Purchase:

Location of purchase (include vendor name and address)

Vendor Name:

Vendor Address:

Amount spent and item(s) purchased (attach additional sheet(s) if needed):

I understand that a Missing Receipt Form may not be completed on a routine basis and that overuse may revoke this 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 Last Name

Employee First Name

Employee's Signature (required)

Date

Note: For items \$25 or greater and were not paid for by a university-purchasing card, please attach cancelled check or credit card receipt as proof of payment.