

CERTIFICATION FOR MISSING RECEIPT

RECEIPT INFORMATION	
Date Paid:	Amount Paid:
Payee: (Name of Firm, Person, etc.)	
Location: _____ (City)	(State)
Description of Expenses Incurred (including purpose and names of attendees):	
Statement of Reason for Not Having Receipt:	

CLAIMANT CERTIFICATION	
Date: _____	
I, _____, (Employee / Other Claimant)	_____ (Title)
_____ Org Unit Name	_____ Org Unit Number
certify that the foregoing receipt related to authorized travel expense is not available or obtainable, and accurate, and the information is true and the amount shown is legally due.	
Signature _____	

NOTE: This form is used when original, itemized receipts are not available to document a transaction or substantiate a reimbursement request.