This form must be completed for missing receipt(s)/invoice(s) required as part of any reimbursement or Purchasing Card transaction. Acceptance of this form in lieu of the original receipt/invoice is at the discretion of the funding approver(s) and Accounting Services. The University is under no obligation to reimburse for unsubstantiated costs.	
Employee/Payee Name:	
Vendor Name:	
Voucher#	
Missing Receipt/Invoice Amount \$	Transaction Date (mm/dd/yyyy):
Description of Purchase(s):	
	Total Costs \$
Employee/Payee has made the following a	ttempts to obtain receipts or documentation:
I will not seek reimbursement from the univeOriginal itemized receipt/invoice is not in my	action were for university use. No personal purchases were made. ersity in any other manner for this transaction.
Employee/Payee:	Date:
Department Chair/Director:	Date:

This form must be attached to the Voucher or Statement of Account in lieu of the original receipt/invoice for the above listed reimbursement or Purchasing Card transaction.