Certification for Missing Receipt

Trinity University May 2015

Purchasing Card Travel Expense Petty Cash & Other Accounts Payable Receipt Information Transaction Date: Total Transaction Amount: Payee: (Name of Vendor, Person, etc.) Location: (City/State/Zip) Post Date Description and Justification for Expense Amount Budget Account Number:
Transaction Date: Payee: (Name of Vendor, Person, etc.) Location: (City/State/Zip) Description of Expenses Incurred Post Date Description and Justification for Expense Amount Budget Account Number:
Payee: (Name of Vendor, Person, etc.) Location: (City/State/Zip) Description of Expenses Incurred Post Date Description and Justification for Expense Amount Budget Account Number:
(Name of Vendor, Person, etc.) Location: (City/State/Zip) Description of Expenses Incurred Post Date Description and Justification for Expense Amount
Description of Expenses Incurred
Post Date Description and Justification for Expense Amount Budget Account Number:
Budget Account Number:
Reason for Missing Receipt(s)
Lost Receipt Vendor Provided None Other
Explanation:
Claimant Certification
Date
Date:
(Employee / Other Claimant) Department
I certify that the foregoing receipt related to an authorized expense is not available or obtainable, and the information is true and accurate, and the amount shown is legally due. This expense has not yet nor will again be submitted for reimbursement or tax purposes.
Signature:
Authorization
Authorized Signature (Vice President, Chair or Director):