

This form is to be used for lost or missing receipts of \$25.00 or more for reimbursement. For College Purchasing Card charges, this form should be used for **EACH** missing receipt, regardless of dollar amount.

Merchant Name:

Merchant Address:

Date of Purchase:

Description (list of items purchased):

Business Purpose:

Purchase Amount:

Explanation for why receipt is not available:

By signing my name below, I,

certify the following:

(Type or Clearly Print Name)

- 1) This purchase was made for OFFICIAL college business.
- 2) I am aware the College requires original receipts for all purchases and by completing this missing receipt form, I acknowledge that I *may* be in **violation of college policy**, depending upon the circumstances.
- 3) If this purchase was made on a College Purchasing Card, the card may be **suspended** for not providing original receipts.

SIGNATURE OF PURCHASER (employee who made purchase should sign, not cardholder)

DATE

SIGNATURE OF DEPT HEAD/APPROVER

DATE

Please attach this form to your reimbursement request or purchasing card statement and forward to Accounts Payable, Prothro Hall, 3rd floor