

CERTIFICATION FOR MISSING RECEIPT

****ALL INFORMATION IS REQUIRED****

RECEIPT INFORMATION		
Date Paid:	Amount Paid:	
Payee (Name of Vendor, 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		
I, _____ (Employee/Other Claimant)	_____ (Title)	
_____ (Department Name)	_____ (Department Number)	
certify that the foregoing missing receipt is related to authorized expenses, accurate, the information is true and the amount shown is legally due.		
_____ (Signature)	_____ (Date)	
Business Manager Signature:		
COMPTROLLER APPROVAL		
Fund:	Cost Center/RIO/SIO:	G/L:
Comptroller Signature:		Date: