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When a receipt is lost or otherwise unavailable and all measures to obtain a copy have been exhausted, this Missing Receipt form should be completed, signed and approved by the area supervisor.

Name of Purchaser:	
Department Name:	
Transaction date:	
Vendor:	
Total Amount:	
Description of purchase:	
Reason a receipt was not obtained:	

My signature below certifies that:

- 9 I understand that a Missing Receipt form should be used on rare occasions and may not be used on a routine basis. I further understand that excessive use of a Missing Receipt form may revoke the privilege of providing a form in lieu of a receipt.
- 9 I hereby certify that the merchandise or service listed above has been received, that a duplicate copy of the invoice or receipt cannot be obtained, and that I h

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Approvals

Supervisor/Manager/Dean	Date	Area Vice President	Date