



Declaration of Missing Original Itemized Receipt Form 9/2/24

Submit this form with a reimbursement request if the original itemized receipt was lost or misplaced by the payee/traveler or if an itemized receipt was not available.

I, _____, declare that (complete sections a and b)
 (Full Name)

- a. The original itemized receipt is not attached because (check applicable box):
- Receipt was lost and all measures to obtain a duplicate receipt have been exhausted
 - Receipt was unavailable or not issued by vendor/provider

b. List details for the missing receipt(s):

Date/Time of expense	Supplier Name and place of business	Business purpose, list of attendees & relationship, items discussed	Amount
Total:\$			

These expenses are the amount actually paid and will not be claimed from any other source.

 Payee/Traveler Signature Title/Position Date

 Payee/Traveler's Supervisor Signature Title/Position Date

 Authorized Signer (if different than the Traveler's Supervisor) Date