## **Missing Receipt Form**



## **Disbursements** Office

This affidavit is submitted in lieu of an original itemized receipt and attests:

- No original receipt for this expense is available. I have attached a duplicate of this receipt if available, and proof of payment if applicable.
- The expense was incurred on behalf of University business.
- The item and amount are accurate.
- No reimbursement of this expense has been or will be sought or accepted from any other source.

|                                  | Transaction Information: |  |
|----------------------------------|--------------------------|--|
| Card Name:                       | Merchant:                |  |
| Last four digits of card number: | Transaction Amount:      |  |
| Post Date:                       |                          |  |

Post Date:

| Transacti                     | on Detail: |               |            |
|-------------------------------|------------|---------------|------------|
| Items Purchased / Description | Quantity   | Per Item Cost | Total Cost |
|                               |            |               |            |
|                               |            |               |            |
|                               |            |               |            |
|                               |            |               |            |
|                               | <u> </u>   | <u> </u>      |            |
|                               |            |               |            |

Attach additional sheet if necessary

Reason Original Documentation is not available:

Cardholder Signature

Card User Signature

Date

## Complete the Section Below If You Are Not Using Concur

| Account Manager/Dean Approval (Please   | Print): Date |  |
|-----------------------------------------|--------------|--|
| Account Manager/Dean Approval Signature | Date         |  |