CERTIFICATION FOR MISSING RECEIPT

**ALL INFORMATION IS REQUIRED **

RECEIPT INFORMATION	
If a PCard was used, please provide the last 4 digits of the card	d:
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	
l,	
(Employee/Other Claimant)	(Title)
(Department Name)	(Department Number)
certify that the foregoing missing receipt is related to authorized expense	es, accurate, the information is true and the amount shown is legally due.
(Signature)	(Date)
ACCOUNT NUMBER & COMPTROLLER APPROVAL	
GL#: Order#:	wbs#: F · · ·
Comptroller Signature:	Date:
p	

NOTE: This form is used when original, itemized receipts are not available to document a PCard transaction or substantiate a reimbursement request. Sales tax cannot be reimbursed (except on prepared food purchases). Reimbursements involving alcoholic beverages must be reimbursed through the Purdue Research Foundation.