

# Missing Receipt Form

**Type:**

University Purchasing Card (P-Card)

Out-of-Pocket Expense

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**Date of Purchase:**

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**Location of purchase (include vendor name and address)**

**Vendor Name:**

**Vendor Address:**

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**Amount spent and item(s) purchased (attach additional sheet(s) if needed):**

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**Business purpose for purchase:**

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**Reason receipt is missing and why you cannot obtain a copy:**

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I understand that a Missing Receipt Form may not be completed on a routine basis and that overuse may revoke this privilege of providing a Missing Receipt Form in lieu of a receipt. I certify that the amount shown is the amount actually paid, that I have not and will not submit a duplicate claim, and that I have not and will not seek a claim for these expenses from any other source. I understand that violation of this policy may result in disciplinary action, including termination.

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**Employee Last Name**

**Employee First Name**

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**Employee's Signature (required)**

**Date**

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*Note: For items \$25 or greater and were not paid for by a university-purchasing card, please attach cancelled check or credit card receipt as proof of payment.*