LOST RECEIPT DECLARATION FORM

This form is to be completed if you are unable to produce original receipts attached to your Expense Claims, or Pcard.

I, _________________________________________, UCID# _____________________________ hereby declare that I have lost, never received or am unable to produce an original receipt. I further declare that I have not and will not use this receipt (if found) to claim reimbursement from any other source, or to support any claim for income tax deductions in the future.

A detailed list of the goods and/or services purchased is as follows:

Vendor Name ________________________________________________________________
Vendor Address and Phone _______________________________________________________________
________________________________________________________________
Date of Purchase __________________________ Amount of Purchase __________________________
Description of goods/services purchased:

________________________________________________________________

Printed Name of CLAIMANT __________________________ Signed Name of CLAIMANT __________________________
Printed Name of one up APPROVER __________________________ Signed Name of one up APPROVER __________________________