MISSING RECEIPT FORM

This form is *required* for lost or missing receipts of \$25.00 or more for expense reimbursements. For purchasing card charges, this form should be used for *each* missing receipt, regardless of dollar amount.

Name:	Print Account Number			
•	•	☐ Vendor provided none		
☐ Other explain:				
Merchant Name:				
Merchant Location: _	City	State		
Description (list of items purchased):				
Business Purpose (if n	neals, list names attend	dees):		
Purchase Date:	Purchase A	mount: \$		
2)No portion of this claim	de for official Eastern M m was provided free of c ursed by any other sourc niversity within 30 days	ennonite University business charge e nor will it be in the future if any portion of this		
SIGNATURE OF EM	PLOYEE:			
DATE:				
DI 1.41. C				

Please attach this form to your reimbursement request or purchasing card statement and forward to Accounts Payable.

If you have any questions, please call Joan Goodrich at ext. 4588

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Name:	Account Number			
Print				
Reason for missing receipt:	-	•		
☐ Other explain:				
Merchant Name:				
Wichenant Ivanic.				
Merchant Location:				
Ci	ity	State		
Description (list of items pur	chased):			
Description (not or items pur				
Business Purpose (if meals, list names attendees):				
2 4.0.1.2.00 2 4.1. P 0.00 (1.1 11.0.1.0), 11.0				
Purchase Date:	Purchase A	amount: \$		
-				
By signing my name below, I cert	•	C		
1) This purchase was made for off				
2)No portion of this claim was pr		-		
3)No portion was reimbursed by and	any other sourc	te nor will it be in the future		
4)I will reimburse the University	within 30 days	if any portion of this		
reimbursement be found non-con	•	• •		
	-	- •		
SIGNATURE OF EMPLOYE	E:			
DATE:				

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If you have any questions, please call Joan Goodrich at ext. 4588