

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: _____ Account Number _____
Print

Reason for missing receipt: Lost receipt Vendor provided none
 Other explain: _____

Merchant Name: _____

Merchant Location: _____
City State

Description (list of items purchased): _____

Business Purpose (if meals, list names attendees): _____

Purchase Date: _____ **Purchase Amount:** \$ _____

By signing my name below, I certify the following:
1) This purchase was made for official Eastern Mennonite University business
2) No portion of this claim was provided free of charge
3) No portion was reimbursed by any other source nor will it be in the future and
4) I will reimburse the University within 30 days if any portion of this reimbursement be found non-compliant with EMU policy

SIGNATURE OF EMPLOYEE: _____

DATE: _____

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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