

CERTIFICATION FOR MISSING RECEIPT

****ALL INFORMATION IS REQUIRED****

RECEIPT INFORMATION		
If a PCard was used, please provide the last 4 digits of the card: <input type="text"/>		
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		
I, _____ (Employee/Other Claimant)	_____ (Title)	
_____ (Department Name)	_____ (Department Number)	
certify that the foregoing missing receipt is related to authorized expenses, accurate, the information is true and the amount shown is legally due.		
_____ (Signature)	_____ (Date)	
ACCOUNT NUMBER & COMPTROLLER APPROVAL		
GL#: <input type="text"/>	Order#: <input type="text"/>	WBS#: <input type="text"/>
Comptroller Signature: _____		Date: _____

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.