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| **LOST OR UNAVAILABE RECEIPT FORM***Use this form if you are unable to provide an original receipt* |
| Purchaser’s Name: |  | Today’s Date: |  |  |
| Phone Number: |  |  |  |  |
|  |  |  |  |  |
| **Expense Detail:** |  |  |  |
| Amount: |  |  |  |
| Merchant Name:  |  | (e.g., restaurant) |  |
| If charge is a meal, # of participants: |  |  |  |
| Transaction Date: |  |  |  |
| Location of Expense: |  |  |  |
| Credit Card Used: |  |  |  |
|  | (Last 4 digits of card) |  |  |
| **Describe Business Purpose for Expense:** |
|  |  |
| **Describe reasonable efforts to obtain copy of the receipt:** |  |
|  |  |
| **Approval signatures for payment:**  |  |
| Purchaser’s signature: |  | Date: |  |  |
| Supervisor’s signature: |  | Date: |  |  |
|  |  |  |  |  |