|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | |  | | |  |
|  | |  | |  | | |  | | |  |