

Certificate of Lost / Missing Receipt

Use as back-up documentation when original itemized receipt is not available

Name of Claimant	Name of Vendor	City / State
Date of Receipt	Total Cost	Vendor's Telephone Number (if available)
Description of Expense ar	nd Business Purpose	
NOTE: A form of process.	proof of payment must be submi	itted, e.g., a credit card statement or cancelled
	se as described above and have lost, lavit in lieu of the missing receipt.	misplaced, or did not receive the receipt. I am
I certify that these are accurate and proper charges for costs incurred while on official UC business and that I have not previously requested nor will I again request reimbursement for these expenses, nor will reimbursement of this expense be sought or accepted from any other source.		
Claimant's Signature		
Date		