

**CONTROLLER'S DEPARTMENT
EMPLOYEE REIMBURSEMENT SYSTEM
CERTIFICATE OF MISSING RECEIPT**

This form must be completed for each missing receipt required as part of any employee reimbursement transaction. Acceptance of this form in lieu of the original receipt is at the discretion of the funding approver(s) and the Controller's Department, and the University is under no obligation to reimburse the employee for unsubstantiated costs.

Employee/Payee Name	Reimbursement #
Vendor Name	Transaction Date (mm/dd/yyyy)
Missing Receipt Amount \$	

<u>Description of Purchase</u>	<u>Quantity</u>	<u>Cost Per Item</u>	<u>Total Cost</u>
		\$	\$

REASON ORIGINAL ITEMIZED RECEIPT IS NOT AVAILABLE

EMPLOYEE/PAYEE HAS MADE THE FOLLOWING ATTEMPTS TO OBTAIN RECEIPTS OR DOCUMENTATION

CERTIFICATION SIGNATURES

- I hereby certify the following:
- No alcohol is being reimbursed, except with 206 or unrestricted 497 funds.
 - All goods or services purchased on this transaction were for university use. No personal purchases were made.
 - I will not seek reimbursement from the university in any other manner for this transaction.
 - Original itemized receipt is not in my possession for the reasons stated above.
 - I acknowledge that repeated lack of documentation could result in revocation of Employee Reimbursement system privileges.

Employee/Payee: _____ **Date:** _____

Department chair/director: _____ **Date:** _____
(If the employee/payee is the department chair/director, please obtain signature from the employee/payee's supervisor.)

This form must be imported into the Employee Reimbursement System in lieu of the original receipt for the above listed reimbursement #.