

LOST / MISSING RECEIPT AND PAYMENT

Auxiliary Accounting

5500 University Parkway, San Bernardino, CA 92407

Main (909) 537-7213 Fax (909) 537-7175

Original Receipt was :

- Lost (please attach a copy if available)**
- Never Received**

Purchase Amount

Date of Purchase

\$ _____

Purchase paid with: **Personal Check** **Personal Credit/Bank Card**
(Please Check Only One Box)

(Please include copy of statement showing expenditure or copy of front and back of cancelled check)

Any purchase made with cash will not be reimbursed without a valid receipt. Please contact Auxiliary Accounting if you have additional questions.

Purchase From (Vendor):

Detailed Description of Items Purchased:

By signing below I certify that an original itemized receipt is not available and that I am not claiming reimbursement from any other resource nor claiming this purchase as a tax deduction.

I also certify that the expense incurred is for the bona fide business purpose, and the information provided is true and accurate. If there is more than one expense additional forms should be completed. I certify that the expenditure is for official business and include no personal expense, and if the receipt is found I will surrender it to the Auxiliary Accounting Office to be attached to the original document.

Print Name

Signature

Date

Account Authorized Signature Approval

Date

AP Rev (06/11)