



MISSING RECEIPT FORM

Date _____

This form is *required* for lost or missing receipts of \$25.00 or more for expense reimbursements. For purchasing card charges, this form should be used for *each* missing receipt, regardless of dollar amount.

Name: _____ Print _____ Account Number _____

Reason for missing receipt: Lost receipt Vendor provided none
 Other explain: _____

Merchant Name: _____

Merchant Location: _____ City _____ State _____

Description (list of items purchased): _____

Business Purpose (if meals, list names of attendees): _____

Purchase Date: _____ Purchase Amount: \$ _____

By signing my name below, I certify the following:

- 1) This purchase was made for official Eastern Mennonite University business
- 2) No portion of this claim was provided free of charge
- 3) No portion was reimbursed by any other source nor will it be in the future
- 4) I will reimburse the University within 30 days if any portion of this reimbursement be found non-compliant with EMU policy

EMPLOYEE SIGNATURE: _____

DATE: _____

Please attach this form to your reimbursement request or purchasing card statement and forward to Accounts Payable.

If you have any questions, please call Joan Goodrich at ext. 4588



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