CERTIFICATION FOR MISSING RECEIPT

Purdue University
June 2019

RECEIPT INFORMATION

Date Paid:	Amount Paid:

Payee: (Name of Firm, Person, etc.)

Location: (City) (State)

Description of Expenses Incurred (including purpose and names of attendees):

Statement of Reason for Not Having Receipt:

CLAIMANT CERTIFICATION

Date: _____

I, _____ (Employee / Other Claimant), _____ (Title)

_____ Org Unit Name _____ Org Unit Number

certify that the foregoing receipt related to authorized travel expense is not available or obtainable, and accurate, and the information is true and the amount shown is legally due.

Signature

NOTE: This form is used when original, itemized receipts are not available to document a transaction or substantiate a reimbursement request.