

LOST RECEIPT FORM

I hereby certify that the original receipt was lost, accidentally destroyed or unobtainable and that the information detailed below is complete and accurate

Receipt Information

Date of receipt:

Amount:

Vendor name:

Description of goods and/or services:

Reason receipt was lost:

If a "lost" meal receipt, does the receipt cover more than one individual? If so, please note individual name(s) and business purpose:

Claimant Signature

Date

Claimant's Supervisor Signature

Date