**U Wide Form:**

UM 1566

**Rev:** 02/11/2013

wdmk

# Statement in Lieu of Receipt

*Complete this form to document and support a transaction when the receipt is lost or unattainable.*

*Attach to University payment documentation.* ***This form is not required for travel reimbursements. Please refer to the Employee Expense Worksheet (UM 1612) and instructions.***

|  |  |
| --- | --- |
| Employee Name | Employee ID |
| Transaction Number | For Questions - Call |

Record each transaction below with merchant name, location, date and dollar amount. Provide detailed business purpose,

description of transaction(s) and reason for missing receipt.

|  |
| --- |
|  |

I certify that the expenses(s) outlined above are valid and accurate; I have paid the total shown and I am entitled to

reimbursement.

Employee Signature: Date:

|  |  |
| --- | --- |
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