

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.

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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