

CERTIFICATION FOR MISSING RECEIPT

Purdue University
May-2010

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.