





Missing Receipt Declaration

To: Univ	University Corporation Accounts Payable						
From:							
Invoice Date:		Pro Card number (If Applicable):					
To Whom it N	May Concern:						
	ntended to verify the of of the expense.			•	`	e) had a receipt	
Date	Vendor Na	Vendor Name		on of the	Expense(s)	Amount	
	_						
applicable. If	narks: (If this was a a procard, the char nciliation), or any ad	t string and	l a brief descrip	tion of the	•		
Was alcohol	ourchased? If So, i	t needs to	be excluded fro	m the am	ount being claim	ed	
I will not seek	reimbursement fro	m any othe	er source.	_			
Signature:							
Date:							

Attach this form to the appropriate payment form as supporting documentation.