



Lost/Itemized Receipt Form

Employee Information

Cardholder Name:

Business Unit:

Vendor Name:

Purchase Date:

Qty:	Description	Unit Price:	Extension Price
		Tax	
		Shipping	
		Total	

Reasons original itemized receipt/receipt was not obtained for this order:

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This affidavit is submitted in lieu of original receipt and attests:

No original receipt for this expense is available

The expense was incurred on behalf of the University business

No reimbursement of this expense has been or will be sought
or accepted from any other source.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Cardholder Signature:

Date:

Approving Official Signature

Date:

Print Name: