

Lost Receipt Declaration

Full Name	
Student/Employee ID#	
Email	
Date (dd/mm/yy)	

I hereby certify that the following itemized receipts have been lost or misplaced.

Date of Purchase (dd/mm/yy)	Vendor	Item Purchased (Enter the description and or purpose)	Amount
Total			

These expenses have not and will not be claimed from any other sources.

Payee Signature

Payee Name (Please print name)

Payee Date
(dd/mm/yy)

Supervisor or One-up Signature
Reviewed and Approved

Supervisor or One-up Name
(Please print name)

Supervisor or One-up Date
(dd/mm/yy)