

Missing Receipt Form

Attach this form to the "Employee Travel and Meal Reimbursement Form"

Employee (Traveler) Name		
Department / School		
Expense Date		
Amount		
Vendor Name		
Description of Expense		
Reason for Missing Receipt		
future. Employee (Traveler) Signature	nal or external source, or will be paid from a Date	
Authorizations:		
Supervisor Name	Supervisor Signature	Date
Dean Name	Dean Signature	Date
Staff Officer Name	Staff Officer Signature	Date
Vice President and Chief Financia	al & Planning Officer (or Designee) Approve	al:
Print Name		 Date

Adopted: April 1, 2014 Updated: April 11, 2014