Missing Receipt Form

Employee (Payee) Name	
Department	
Expense Date	
Amount	
Vendor Name	
Description of Expense	
Reason for Missing Receipt	

I certify that this expense is actual, reasonable and incurred in accordance with Mercy College policy for official business of the College. I certify that no portion of this invoice was free of charge, previously reimbursed from any other internal or external source, or will be paid from any resource/source in the future.

Employee (Payee) Signature _____ Date _____

Department / School Endorsements:

Supervisor Name _____ Supervisor Signature _____ Date _____

Dean Name _____ Dean Signature _____ Date _____

VP/ Staff Officer Name _____ VP/ Staff Officer Signature **(Required)** _____ Date _____

*** Finance Office Only**

Vice President and Chief Financial & Planning Officer (or Designee) Approval:

Print Name _____ Signature _____ Date _____

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