## **Certificate of Lost / Missing Receipt**

Use when original receipt is not available as back-up documentation.

Name of claimant	Name of Vendor	City/State	
Date of Receipt	Total Cost	Vendor's Telephone Number (if availa	able)
Description of Expense and Bu	siness Purpose		
Note: A form of proof of pa cancelled check.	yment must be submitted, e.g	g., a credit card statement or front & back	of
	expense as described above a is affidavit in lieu of the missin	and have lost, misplaced, or did not receing receipt.	ve the
business and that I have no	ot previously requested nor w	es for costs incurred while on official UC will I again request reimbursement for these bught or accepted from any other source.	e
Claimant's signature:		Date:	