

UNIVERSITY OF RICHMOND
ACCOUNTS PAYABLE OFFICE
MISSING RECEIPT FORM

This form is **REQUIRED** for lost or missing receipts of \$25 or more. *For meals, receipts are always required, regardless of the dollar amount and both the itemized receipt, as well as the summary must be submitted. Every attempt must be made to get the itemized detailed receipt and the merchant must be contacted to request a duplicate if the itemized receipt cannot be located.* For **purchasing card charges**, this form should be used for EACH missing receipt, regardless of dollar amount. ***This form must be completed in full or it cannot be accepted.***

MERCHANT NAME: _____

MERCHANT LOCATION/ADDRESS: _____

DATE OF PURCHASE: _____ PURCHASE AMOUNT: \$ _____

DESCRIPTION (list of items purchased): _____

BUSINESS PURPOSE (for business meals, include names and affiliation if others included in the meal cost)

NAME & TITLE OF PERSON CONTACTED FOR DUPLICATE RECEIPT:

Date of Contact: _____ Phone Number _____ (including area code)

EXPLANATION FOR WHY ORIGINAL RECEIPT IS NOT AVAILABLE: _____

By signing my name below, I, _____, certify the following:
(Type or Clearly Print Name)

- 1) This purchase was made for OFFICIAL university business;
- 2) I am aware the University requires original receipts for all purchases and itemized detail receipts for all meals. By completing this missing receipt form, I acknowledge that I *may* be in **violation of university policy**. I also acknowledge that the continual submission of Missing Receipt Forms will cause the denial of my reimbursement and could possibly subject me to an internal audit.
- 3) If this purchase was made on a university credit card, the card may be **suspended** for not providing original receipts or itemized detail meal receipts. Also, for University credit cards, I may be required to reimburse the University for missing receipts or missing itemized detail meal receipts.

Signature of Purchaser

DATE

Signature of Approver/Printed Name

DATE

Signature of Director, Dean, AVP, or VP (if not approver)

Printed Name of Director, Dean, AVP, or VP

Please attach this form to your reimbursement request or purchasing card statement and forward to Accounts Payable, Maryland Hall, Room G13. For questions, please call Francheska Williams, x8176.