



Lost or Missing Receipt Verification and Postage Meter Request Form

Original Receipt was:

Never Received

Recurring Expense

Purchase Amount:

\$ _____

Postage Amount:

\$ _____

Date of Purchase:

Purchased From (Vendor):

Detailed Description of Items Purchased and Purpose, and Explanation for Missing Receipt:

Signature:

For the purchase stated above, I certify that an original itemized receipt is not available and that I am neither claiming reimbursement from any other source nor claiming this purchase as a tax deduction.

Print Name

Signature

Date

Approved By (Manager or Supervisor) (Printed Name And Signature) Date