



CITI BANK TRAVEL (CBT) MISSING RECEIPT FORM

This form is to be used for lost or missing receipts.

Date: _____

Name of Cardholder: _____

Account # (last 6 digits): _____

Missing Receipt Information

MERCHANT NAME: _____

DATE OF PURCHASE: _____

DESCRIPTION OF PURCHASE:

(Provide as much information as possible by listing items purchased to replace the itemized receipt)

BUSINESS MEAL PURPOSE: (attach Business Meal Form)

PURCHASE AMOUNT: \$ _____

RECEIPT WAS: (check one)

LOST

NOT AVAILABLE

OTHER, please explain _____

CERTIFICATION:

I, _____, THE UNDERSIGNED DO CERTIFY THAT I
(Type or Clearly Print Name)
ATTEMPTED TO CONTACT THE VENDOR TO OBTAIN A COPY OF THIS RECEIPT BUT THE VENDOR
WAS UNABLE TO PROVIDE ONE. I FURTHER CERTIFY THAT THE ABOVE PURCHASE WAS MADE FOR
OFFICIAL UNIVERSITY BUSINESS.

Employee's Signature: _____ Date: _____

Supervisor's Name: _____
(Print)

Supervisor's Signature: _____ Date: _____