



Supply Chain Management
Physical Plant
2500 University Drive NW
Calgary, AB T2N 1N4
Telephone – 403-220-5611
Fax – 403-282-2974
Email – SCMHelp@ucalgary.ca

LOST RECEIPT DECLARATION FORM

This form is to be completed if you are unable to produce original receipts. Please indicate who the Declaration Form is for:

- Expense Claims * Attention Accounts Payable Administrator
- Purchasing Card * Attention Purchasing Card Administrator

I, _____, UCID# _____ hereby declare that I have lost, never received or am unable to produce an original receipt. I further declare that I have not and will not use this receipt (if found) to claim reimbursement from any other source, or to support any claim for income tax deductions in the future.

A detailed list of the goods and/or services purchased is as follows:

Vendor Name _____

Vendor Address and Phone _____

Date of Purchase _____ Amount of Purchase _____

Description of goods/services purchased:

Printed Name of **CLAIMANT**

Signed Name of **CLAIMANT**

Printed Name of one up **APPROVER**

Signed Name of one up **APPROVER**