

CHEYNEY UNIVERSITY  
ACCOUNTS PAYABLE OFFICE  
MISSING RECEIPT FORM

This form is REQUIRED for lost or missing receipts of \$35 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 travel 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 ( \_\_\_\_\_ ) \_\_\_\_\_

Explanation for why original receipt is not available: \_\_\_\_\_

By signing my name below, I \_\_\_\_\_, certify the following:

- 1) This purchase was made for OFFICAL 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director/Dean/VP

\_\_\_\_\_  
Date