



Lost/Missing Receipts Form
Department of Health and Hospitals
Office of Payment Management

Certification of Unavailable Documentation:

This form should be completed for any purchase that does NOT have the original documentation from the merchant. This form shall be completed and attached to your DHH TE Form.

Name of Traveler: _____

Telephone Number: _____ Department Name: _____

Merchant Name: _____

Transaction Date (mm/dd/yyyy): _____ Transaction Amount (Total Cost): \$ _____

How did you pay for this purchase? ___ Cash ___ Debit/Credit Card (A copy of your statement with the purchase highlighted must be submitted to receive reimbursement.)

Description Quantity Cost per Item Total Cost per Line
(Add an additional sheet if necessary)

Table with 4 columns: Description, Quantity, Cost per Item, Total Cost per Line. Two empty rows for data entry.

Reason Original Documentation/Receipt is Not Available:

Traveler Certification:

I attest the information provided is a true and accurate description of the details of this purchase. I confirm that every attempt to obtain a duplicate receipt by from the merchant has been made, but have been unable to do so and also hereby certify the following:

- All items purchased were for official DHH use. No personal purchases were made.
The Traveler will not seek reimbursement from DHH in any other manner for this transaction.
Original documentation is not in the Traveler's possession for the reasons stated above.

Traveler Name: _____ Date: _____

Signature: _____

Supervisor Certification:

I have accepted the Traveler's explanation for the missing documentation and inability to obtain a duplicate receipt; therefore, I am authorizing payment of the lost/missing receipt or invoice.

Supervisor Name: _____ Date: _____

Signature: _____

Department Head Approval:

I am authorizing payment of the lost/missing receipt or invoice.

Department Name: _____ Date: _____

Signature: _____