MISSING RECEIPT DOCUMENT

Check One: □ Travel   □ Other

Company Name: _______________________________________________

Amount: ____________________________________________________

Date Purchased: ________________________________________________

Items Purchased:

Purpose of Purchase:

Please explain the circumstances resulting in the missing receipt:

Please explain the action taken to obtain a duplicate receipt from the vendor:

Please attach official documentation which certifies the transaction occurred (for example: credit card/debit card statement, cancelled check, etc.)

I certify and attest that the above statements are true and I have incurred the described expenses. I further certify that these expenses were for official College purposes. I also have read and understand the College’s policy requiring original receipts for reimbursement requests.

__________________________________  _______________________ __________ ___
Print Name                          Signature of Purchaser          Date

__________________________________  _______________________ __________ ___
Print Name                          Supervisor/Department Head Signature Date

__________________________________
Business & Finance Approval          Date

Creation Date: 9/1/2011
EXPLANATION OF THE PURPOSE OF THE FORM

The use of this form does not replace the need for the individual to safeguard the original receipts or documentation required for reimbursement of an expense. Georgia Highlands College recognizes that receipts can be lost or destroyed or in rare cases, a physical receipt may not be possible. This form is used, in these circumstances, to document the specific information regarding the expenditure and the disposition of the missing receipt.

This form should be completed by the individual with the information/knowledge to answer the questions; signed by the individual and their department head. Final authority to utilize this form for payment/reimbursement purposes rests with the appropriate department head in Business and Finance.