

UNIVERSITY OF PENNSYLVANIA

MISSING RECEIPT AFFIDAVIT

This Missing Receipt Affidavit must be completed for each missing receipt. The form must be signed by both the individual and authorized approver with a complete explanation of the expense if a copy of the receipt is unobtainable. Please refer to the University Policy 2655 Receipts Requirement for more details.

Payee Information

Last Name:	First name:
School/Center:	
Affiliation & Status: <input type="checkbox"/> Employee (Staff/Faculty) <input type="checkbox"/> Student	
Email: hfeldman@mail.med.upenn.edu	

Missing Receipt Details

Expense Type:	
Method of Payment: <input type="checkbox"/> Penn BoA CC <input type="checkbox"/> Penn AMEX CC <input type="checkbox"/> Personal CC <input type="checkbox"/> Cash	
Vendor Name: N/A	Date of Receipt:
Itemized Description	Amount
Total Amount (Including Tax)	US\$

Justification & Explanation:

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Payee and Approver Signatures

I, undersigned, certify that these expenses were incurred in the conduct of official business on behalf of the University and the receipt was lost or not obtained. I have not made previous claims for these expenses nor will they be submitted again to the University or any other organization for reimbursement purposes.

Signature of Payee/Cardholder: _____ Date: _____
REQUIRED

Approver Signature: _____ Date: _____
REQUIRED

Approver Name and Title: _____

Scan the completed form.
Use the Receipts tab to attach to the appropriate expense report.