

## Supplemental Receipt Form

This form is for internal Ryerson Faculty and Staff use only.

**Dated: mm/dy/yr**

I, the undersigned, declare that I have lost and/or failed to obtain the original receipt for the expenditure(s) noted below. The amounts quoted represent the true cost associated with the original receipt. I also declare that I have not been previously reimbursed or will in the future submit for reimbursement for the expense(s) relative to this receipt nor have I used it for any personal benefit.

Description	Supplier Name	Method of Purchase	Amount(s)	Cdn/US
1.				
2.				
3.				
4.				
TOTAL EXPENSES TO BE REIMBURSED:				
Comments:				
Employee Name and Employee #- (print):			Signature:	
Telephone:			E-mail:	
Name of Department Head Approver – (print)			Signature:	
Position Title – (print):			Department:	
<p>Submit the signed and approved form with your expense request for all transactions that are not supported by acceptable receipts.</p> <p>Any external expense reimbursements must use the cheque requisition form with supporting documentation. Please forward form when completed and approved to Financial Services.</p>				