

Accounts Payable

LOST RECEIPT FORM

I hereby certify that the original receipt was lost, accidentally destroyed or unobtainable and that the information detailed below is complete and accurate.

Receipt Information:**Date of Receipt:** _____**Total Amount of Receipt (including taxes):** \$_____**Vendor Name:** _____**Description of Goods and/or Services:****Reason Receipt Was Lost:** _____Alcohol Charges:

Yes No

If a "lost" meal receipt, does the receipt cover more than one individual? If so, please note individual name(s) and business purpose:

Claimant Signature

Claimant Name

Date

Please attach this form to your Travel Expense Form

Submit Form To: Senior Clerk Accounts Payable - Rob Dobson (rdobson@uwindsor.ca)

If there are any questions while filling out the form, please contact Rob at ext. 2120