Expense Lost Receipt Form

Employee Information • Name: _____ Employee ID: _______ Department: _______ Contact Number: ________ **Expense Information** • Type of Expense: [] Travel [] Supplies [] Meals [] Other: • Amount: _____ Vendor Name: ______ **Justification for Missing Receipt** Provide a detailed explanation for the lost receipt: **Certification and Agreement** I, _____, confirm that this expense was incurred for legitimate business purposes and that all information provided is accurate. **Supervisor Review and Approval** Supervisor Name: ________

Date: