**Lost Receipt Declaration Form**

**Declarant Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details of Lost Receipt**

| **Expense Description** | **Date** | **Vendor** | **Amount** |
| --- | --- | --- | --- |
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|  |  |  |  |

**Reason for Missing Receipt  
Explain the circumstances of the lost receipt:**

**Declarant Certification  
I certify that the above expenses are true and incurred for official purposes, and I acknowledge that misrepresentation may result in disciplinary action.**

**Approval Section**

* **Approving Authority Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**