

# 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/Retailer Name:** \_\_\_\_\_

**Description of Goods and/or Services:**

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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:**

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*Employee Signature*

Date \_\_\_\_\_

***Please attach this form to your Credit Card Expense Form***