## University of San Francisco | Accounting & Business Services

## **Missing Receipt Form**

| Type:                                   | University of Purchasing Card  | Out-of-Pocket Expense   |
|---|--|---|
| Date of Purchase:                       |  |   |
| Location of Purchas                     | se (Include vendor name and address):  |   |
| Amount Spent and                        | Items Purchased (attach additional sheet(s) if r   | necessary):   |
| Business Purpose fo                     | or Purchase:   |   |
| Reason receipt is m                     | issing and why you cannot obtain a copy:   |   |
| the privilege of proactually paid, that | oviding a Missing Receipt Form in lieu of a land I have not and will not submit a duplicate commany other source. I understand that violated | ted on a routine basis and that overuse may revoke receipt. I certify that the amount shown is the amount laim, and that I have not and will not seek a claim for ation of this policy may result in disciplinary action, |
| Employee Name (La                       | est/First/Middle) Please Print   |   |
| Employee's Signatu                      | re (required)  | Date  |
| Approving Budget N                      | Manager's Signature (required)   | Date  |

**Note:** For items that are \$25 or more and were not paid for with a university-issued purchasing card, please attach canceled check or credit card receipt as proof of payment.