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| --- | --- | --- |
| **When to submit Missing Receipt Declaration** | | |
| **Form of Payment** | **Unrestricted Account** | **Sponsored Project Account** |
| Internal requisitions | All amounts (SBO needs to sign if $15 or more) | All amounts (SBO needs to sign if $15 or more) |
| Travel card/ personal funds/ cash advances/ petty cash (replenishment) | All hotel transactions ( SBO needs to sign all amounts)  Single expense of $75 or more (SBO needs to sign if over $100) | All amounts (SBO needs to sign if $15 or more) |

If all measures to obtain a receipt have been exhausted, this **Missing Receipt Declaration** should be completed by the person who incurred the expense. Senior Business Officer’s (SBO) signature is only required when indicated in the table below. If no SBO signature is required, this form needs only to be signed by the person who incurred the expense. Because expense reports are approved by the supervisor, a supervisor does not need to sign this form. Attach this form to expense report or retain with internal requisition.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I am** **missing receipt for:**  (Description of item) |  | | | | |
| **I incurred this expense at** (supplier): **on** Date:    /   / 20   **for** $ | | | | | |
| **The receipt was** (check one): | | | | | |
| Lost | | Never received | | | Other: |
| **The form of payment I used** (check one): | | | | | |
| Travel card | | | Personal credit card | Internal requisition | |
| Check | | | Cash | Other | |
| **Please describe transaction’s business purpose:** | | | | | |

I understand that a **Missing Receipt Declaration** may not be completed on a routine basis and that overuse may revoke the privilege of providing this form in lieu of a receipt. I certify that the amount shown is the amount actually paid, that I have not and will not submit a duplicate claim, and that I have not and I will not seek a claim for these expenses from any other source. I understand that violation of this policy may result in disciplinary action, including termination.

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Signature: | Date:    /   / 20 |
| SBO Signature(only when needed, per above) | VP Signature(needed if SBO is missing receipt) |