



LOST RECEIPT FORM
Providing
VERIFICATION IN ABSENCE OF ORIGINAL INVOICE / RECEIPT

I verify I received merchandise or services from the following vendor:

Vendor Name: _____

Vendor Address: _____

Invoice Number: _____ Date: _____ Amount: _____

Description of Goods or Services Received:

The original invoice is not available because:

I certify I have not previously requested payment for this invoice.

Name

Date

Supervisor's Signature

Date

Attach this form to the request for reimbursement.