

## Missing Receipts Form

Date	Vendor	Description of Items Purchased	Amount

**Receipts Are Not Available Because:**

By signing below, I, the Requestor, certify that the original receipt(s) for the expense(s) recorded above was/were lost and a copy could not be obtained from the vendor. I certify that these expenses for which I am seeking reimbursement have not been submitted for reimbursement in the past and will not be submitted in the future beyond this current request. I also certify that the above expenses do not include purchases for alcohol or ammunition.

<b>Requestor Name:</b>	<b>Signature:</b>	<b>Date:</b>
------------------------	-------------------	--------------

<b>Department Head:</b>	<b>Signature:</b>	<b>Date:</b>
-------------------------	-------------------	--------------

\*This section should be completed if the payee is not a BSU student or employee\*

<b>Non-BSU Payee Name:</b>	<b>Signature:</b>	<b>Date:</b>
----------------------------	-------------------	--------------

<b>Non-BSU Payee Phone Number:</b>	<b>Non-BSU Payee E-mail Address:</b>
------------------------------------	--------------------------------------