

LOST RECEIPT

RE: Original Receipt

I, _____ hereby declare that I have lost or accidentally destroyed the original receipt. A detailed list of the goods or services purchased is as follows:

Vendor Name:

Vendor Phone:

Date of Purchase: _____

Time: _____

Product: _____

Units: _____

Cost/Units: _____

Amount of Purchase: _____

Trans Fee: _____

Net: \$ _____

Description of goods/services purchased: _____

Printed Name of Claimant

Department

Signature of Claimant

Date

Signature of Approval

Date