

**UNIVERSITY SYSTEM OF NEW HAMPSHIRE
LOST-DOCUMENT RECEIPT FORM**

Name: _____ Title: _____

Department: _____

Please complete this form only if the actual receipt or invoice is unavailable and you have made a good faith effort to obtain a duplicate receipt from the vendor.

Business (vendor) Name	Date of purchase	Expense Description	Amount
		1.	\$
		2.	
		3.	
		4.	
Total			\$

Why is the original receipt or invoice missing?

Explain what effort was made to get a duplicate receipt:

I understand that a Lost-Document Receipt Form may not be completed on a routine basis and that overuse may revoke the privilege of providing a Lost-Document Receipt Form in lieu of an original receipt.

By signing below, I hereby 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 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.

Signature _____ Date _____

Approved by: _____ Title: _____
(Dean, Director, Dept Head, Bus. Mgr, or Supervisor)

Approver Signature _____ Date: _____