

Missing Receipt Form

SUNY Downstate Medical Center

1. Payee Information	
Name:	Date:
Phone:	DMC email:

2. Important Information
<p>The Missing Receipt Form should be used on rare occasions and may not be used on a routine basis. Excessive use of a Missing Receipt Form may revoke the privilege of providing a form in lieu of a receipt. Excessive use is defined as using this form more than twice per fiscal year. Please make every effort to contact the vendor/merchant to request a copy of your missing receipt before using this form.</p> <p>The person above certifies that the amount shown is the amount actually paid; that the payee has not and will not submit a duplicate claim; and that the payee has not and will not seek a claim for these expenses from any other University source.</p>

3. Missing Receipt Information			
Supplier/Merchant Name	Date	Business Purpose/Persons Involved	Amount

4. Receipt and Payment Information			
The Receipt was:	Lost	Never Received	Other
Payment Method:	PCard	Travel Card	NET Card

5. Approvals – I certify that the information provided has been reviewed and is accurate, allowable, and appropriate. It is within my budgetary authority to approve the expense(s).
<p>Payee Print Name: _____ Signature: _____ Date: _____</p>
<p>Supervisor Print Name: _____ Signature: _____ Date: _____</p>

For Card Services Office Use Only	Date Stamp - Received
Reviewed and Approved: Date:	