

## **Missing Original Document**

Date	Requested	Departme	nt Name	Contact Person	Phone		
					E-mail		
			woice or other documentation is on file elsewhere  documentation  voice or other documentation is lost – Complete Acknowledgement Below				
	Original receip						
	Location of or	riginal docur	nentation				
	Original receipts, invoice or other documentation is lost – Complete Acknowledgement Below						
	1		Ч	o certify the expense at		for	
			)	o dorary and expense at	(V in the amo	endor) ount of was	
			on				
		riginal receipts, invoice or other documentation is on file elsewhere  cocation of original documentation  riginal receipts, invoice or other documentation is lost – Complete Acknowledgement Below					
	Signature						
	Other Explanation – Describe Below						
Appro	oval						
						Date:	
Department Head OR						Date:	
Dean							