

Missing Original Document

Date Requested	Department Name	Contact Person	Phone	
			E-mail	

<input type="checkbox"/>	Original receipts, invoice or other documentation is on file elsewhere
	Location of original documentation

<input type="checkbox"/>	Original receipts, invoice or other documentation is lost – Complete Acknowledgement Below
	<p>I _____ do certify the expense at _____ for _____</p> <p style="text-align: center;">(Print Name) (Vendor)</p> <p>_____ in the amount of _____ was</p> <p style="text-align: center;">(Explanation of Expense)</p> <p>incurred by me personally on _____.</p> <p style="text-align: center;">(Date)</p> <p>_____</p> <p>Signature</p>

<input type="checkbox"/>	Other Explanation – Describe Below

Approval

Account Custodian	OR		Date:
Department Head	OR		Date:
Dean			

Please complete form and attach to check request.
Should you have any questions, please call Bobette at the Foundation at 861-0855