Print Form

# Missing Receipts Form

| Date | Vendor | Description of Items Purchased | Amount |
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**Receipts Are Not Available Because:**

By signing below, I, the Requestor, certify that the original receipt(s) for the expense(s) recorded above was/were lost and a copy could not be obtained from the vendor. I certify that these expenses for which I am seeking reimbursement have not been submitted for reimbursement in the past and will not be submitted in the future beyond this current request. I also certify that the above expenses do not include purchases for alcohol or ammunition.

| | | | | | |
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| **Requestor Name:** | | **Signature:** | | **Date:** | |

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| **Department Head:** | | **Signature:** | | **Date:** | |

*This section should be completed if the payee is not a BSU student or employee*

| | | | | | |
|---|---|---|---|---|---|
| **Non-BSU Payee Name:** | | **Signature:** | | **Date:** | |

| | | | |
|---|---|---|---|
| **Non-BSU Payee Phone Number:** | | **Non-BSU Payee E-mail Address:** | |