MISSING RECEIPT FORM

I, ________________________________, have either not received or misplaced a receipt totaling $__________. This expense was on behalf of Florida Tech.

This form is submitted in lieu of the original receipt.

Transaction __________________________________________ Date __________________________

Supplier/Vendor ___________________________ Amount __________________________

List Item Purchased/Index No./Account No. (Please provide detail)

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Reason for missing receipt __________________________________________________________

I certify that the amounts shown above were expended for Florida Tech business purposes. If charged to a grant or contract, I certify that the claimed expenses comply with the conditions of the grant or contract.

Employee Cardholder Signature __________________________________________ Date ____________

Supervisor Signature ___________________________ Date __________________________

Print Supervisor Name ____________________________________________________________