



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)*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 _____