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 ______________________________________________________________