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AI-generated content may be incorrect.

**MISSING RECEIPT DECLARATION FORM**

Original itemized receipts are required for reimbursement of all expenses. Complete one form per missing receipt. This form is not meant to replace obtaining receipts.

If all measures to obtain a required missing receipt have been exhausted, this Declaration of Missing Receipt should be completed by the person who incurred the expense. Authorized signing authority is only required when indicated below. If no authorized signing authority is required, this Declaration needs only to be signed by the person who incurred the expense.

Refer to 7.1 and 7.1.1 Expense and Travel Policy and Procedures.

|  |  |
| --- | --- |
| **1. Receipt Information** | |
| Merchant: |  |
| Location (city): |  |
| Date of incurred expense: |  |
| Amount of incurred expense: | $ |
| Was GST paid: | Yes No GST/HST Amount if known: $ |
| Was PST paid: | Yes No PST Amount if known: $ |

|  |
| --- |
| **2. Description of Goods or Services Provided** |
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|  |

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| --- |
| **3. Purpose of Expense** |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| **4. The Form of Payment I Used (check one)** | | |
| Cash | Personal Cheque  (provide bank statement) | Personal Visa  (provide bank statement) |
| Personal MasterCard  (provide bank statement) | University Visa  (provide bank statement) | Other (explain) |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. The Receipt Was** | | | |
| Lost | Destroyed | Inadvertently not obtained | Other (explain) |
|  | | | |

|  |
| --- |
| **5. GL Account Code** |
| Charge to this GL Account Code: |

|  |  |  |
| --- | --- | --- |
| **6. Authorization** | | |
| ***I understand that a Declaration of Missing Receipt may not be completed on a routine basis and that overuse may revoke the privilege of providing a Declaration in lieu of a receipt. I certify that the amount shown is the amount actually paid, that I have not and will not submit a duplicate claim, and that I have not and will not seek a claim for these expenses from any other source. I understand that violation of this policy may result in disciplinary action.*** | | |
| Claimant’s  Signature: | Name: | Date: |
| Authorized  Signature: | Name: | Date: |