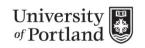
OFFICE OF THE CONTROLLER 5000 North Willamette Boulevard Portland, OR 97203-5798 (503) 943-8712 / Fax: (503) 943-7433



pcard@up.edu

Missing Receipts(s) Claim Form			
Date:				
(MM/DI	D/YY)		have either	
(FIRST AND LAST NAME)		(BANNER ID)		
(please check one): Not Received		Misplaced receipts for the following purchases:		
<u>DATE</u>	<u>VENDOR</u>	ITEM(S)	BUSINESS PURPOSE	<u>AMOUNT</u>
1.				
				
5				
Check the one that			TOTAL	
**Ple the The **Ple Note: Lost receipts fo	ease upload this at is missing a recourchase was made ase attach this or airfare, car rent	eceipt. ade out-of-pocket completed form to al, lodging and som	to each transaction on your Wells Fargo or the tand I am seeking reimbursement. To a Reimbursement and Payment Request the dining expenditures can usually be obtained descriptions should include who, why, where	form. if requested.
your description.	Examples: 1. Lu	nch at Thai Orchic	d with Donor XYZ on 3/31/19 to discuss plang Conference in Phoenix 3/31/19 -4/3/19	edge
		•	n behalf of the University of Portland and I receipt(s) and will not seek future reimbo	•
Purchaser's Signature:			Date:	
Budget Approver N	ame:			
			(PLEASE PRINT)	
Budget Approver Si	gnature:		Date:	