

Missing Receipts Claim Form

Please return form signed by yourself and your budget director or p-card approver to the Controller's Office, MSC 167.

Date: _____

I, _____, have either (please check one):

Not Received Misplaced

Receipt(s) totaling \$_____.

Check one of the boxes below:

The purchase was made with my P-card.

The purchase was made out-of-pocket and I am seeking reimbursement. A check request is included with this form.

Date(s) of Purchase _____

Vendor	Item(s)	Reason for Purchase	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Per IRS Regulations, Travel & Entertainment Expenses description should include who, why, when and where in your description.**

Examples:

- 1) Lunch at Thai Orchid with Donor XYZ on 3/31/10 to discuss pledge
- 2) Airfare to Accounting Conf in Phoenix 3/17-19/10 for prof development

I certify the expenses listed above were purchased on behalf of the University of Portland and not for personal use. I am submitting this form in place of the original receipt(s) and will not seek future reimbursement for these purchases.

Purchaser's Signature: _____ **Date:** _____

Banner ID#: _____

Approver Name: _____

Please Print

Approver Signature: _____ **Date:** _____