

Microbiology & Immunology Lost Receipt Form

MEMORANDUM

TO: Department of Financial Services
Requisition Processing Section

FROM:

DATE:

PHONE:

TRAVEL CLAIM # TR _____

REQUISITION Q # _____

Re: Original Receipts

I, _____, hereby certify that the following receipts
in the amount of _____ (indicate amount and currency),

(describe missing ticket, hotel bill, etc. in detail, including vendor and item description)
are missing and cannot be replaced.

These authorized expenses were incurred by me on _____ (date)
and are reimbursable through the university's account number _____
(quote appropriate speedchart and account code).

**I certify that I have not and will not claim reimbursement for these expenses from any
other source.**

Signature of Traveler

Signature of Supervisor

Note: For Research Grants, please specify if there were any purchased alcohol in meals expense.