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.