

This form **MUST** be filled out and attached to the check request form when a receipt is unavailable.

<b>Transaction Date</b>	<b>Vendor &amp; Description</b>	<b>Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<b>Total</b> _____

For the purchase stated above, I certify I have taken all measures to obtain a duplicate receipt, the original itemized receipt is not available and I am not claiming reimbursement from any other source nor claiming this purchase as a tax deduction.

Employee Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor:**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_