**805 TRU Way**

**Kamloops, B.C. V2C 0C8**

**Lost Receipt Form**

Please complete the following missing receipt form, provide the required missing receipt information, and submit with monthly P‑Card statement or Expense Claim Form for approval.

For missing trip receipts, please list the purpose of the trip, when the trip was taken as well as amount, location and name of individuals with you.

For missing restaurant, or other food service and entertainment receipts, please list the location of the expense (city), the purpose of the expense, and the name(s) of individual(s) entertained.

**For missing airfare and/or hotel charge receipts, please contact the service provider and ask that a duplicate receipt be sent and attach the duplicate to the monthly P-Card statement or Expense Claim Form. Most on-line purchase sites will also provide a duplicate receipt upon request.**

For all other missing receipts please provide the business purpose of the expense.

Please note that missing receipts are monitored regularly, and P-Card users who repeatedly declare missing receipts may lose P-Card privileges.

**Missing Receipt Declaration:**

I certify that the following receipts have been lost or misplaced:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vendor** | **$ Amount** | **Location (City)** | **Purpose of Expense** | **Name(s) of Individuals Entertained** |
|  |  |  |  |  |

These expenses were incurred by myself as shown on the statement and are billable to the account numbers listed.

I certify that no alcohol was purchased with this transaction.

I have not and will not claim reimbursement for this expense from any other source.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Claimant’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Approver Signature

Print Approver Name

\*\*By signing, the approver verifies that these are TRU business expenses and have not been claimed using any other forms.