



## **LOST RECEIPT FORM**

NAME: \_\_\_\_\_ DATE(S): \_\_\_\_\_

FUNCTION: \_\_\_\_\_

<u>PLACE OF TRANSACTION</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>BUDGET G/L TO BE CHARGED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that I have lost the original receipt of the above amount that was an invoice for Ohio Valley University. The items and amounts are accurate. I have not received any other reimbursement and will not seek any future reimbursement for these items.

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

SUPERVISOR SIGNATURE: \_\_\_\_\_

### **PURPOSE AND PROCEDURE:**

*Use this form when you have lost a receipt charged to an OVU credit card.*

*Once this form is completed and signed by your supervisor, return it to the Accounts Payable Manager for processing of monthly credit cards.*