

CERTIFICATION FOR MISSING RECEIPT

Purdue University/Purdue Research Foundation

11/2003 TLA

RECEIPT INFORMATION	
Date Paid:	Amount Paid:
Payee: (Name of Firm, Person, etc.)	
Location: (City)	(State)
Description of Hospitality Expenses Incurred (including purpose and names of attendees):	

Statement of Reason for Not Having Receipt:	

Are alcoholic beverages included in the amount listed above? (Check one) YES NO	

CLAIMANT CERTIFICATION	
Date: _____	
I, _____ (Employee / Other Claimant)	_____ (Title)
_____ Department Name	_____ Department Number
certify that the foregoing receipt related to allowable hospitality expense is not available or obtainable, and the information is true and accurate, and the amount shown is legally due.	
Signature _____	

Business Manager Signature: _____

NOTE: This form is used when original, itemized receipts are not available to document a Pcard transaction or substantiate a reimbursement request. Reimbursements involving alcoholic beverages must be reimbursed through the Purdue Research Foundation.