

Lost Receipt Form

Name:	
Today's Date:	
Department:	
☐ Out of Pocket Expense	☐ (over \$75) Corporate Card Expense
The receipt was (check one):	
☐ Lost	
☐ Merchant did not provide a receip	rt.
☐ I have a receipt, but it is not reada	ble.
Merchant Name:	
Transaction Date:	
Item Detail:	
	Total Amount
	equesting reimbursement for the above listed the Suffolk University Travel Policy. I have

lost the receipt(s) and I certify that these costs have been incurred by me in

the performance of my official duties with Suffolk University.