**LOST EXPENSE RECEIPT**

EMPLOYEE NAME:

WEEK ENDING DATE OF EXPENSE REPORT:

NAME OF ESTABLISHMENT OR PAYEE:

AMOUNT (greater than $25):

NATURE OF EXPENSE (i.e. taxi, dinner):

*(meal receipts require attendees names, purpose of dinner meeting etc.; same requirements as noted in travel policy)*

I am requesting reimbursement for the above listed expense(s) in accordance with the Suffolk University Travel Policy. I have lost the receipt(s) and I certify that these out of pocket costs have been incurred by me in the performance of my official duties with Suffolk University.

Employee signature:

Manager signature: