



PETER A. ALLARD SCHOOL OF LAW

THE UNIVERSITY OF BRITISH COLUMBIA

MISSING RECEIPT FORM

TO: Financial Services
Requisitions Processing Section

FROM: _____

DATE: _____

PHONE: _____

TRAVEL CLAIM #TR_____

REQUISITION #Q_____

RE: Original Receipts/Invoices

I hereby certify that _____ for Amount \$ _____
(description of missing receipt in detail)

has/have been lost or misplaced. This/These expense/s were incurred on _____
(date)

and are billable to Project/Grant number _____.

These expenses have not and will not be claimed from any other source.

PAYEE/REQUESTER SIGNATURE

PRINT NAME

AUTHORIZED SIGNATURE
(at least one admin level higher than payee)

PRINT NAME