

MEMORANDUM
Missing Receipt Declaration

Date:

From (Program):

RESIDENT:

CLAIM TYPE:

PERIOD:

I hereby certify that the original receipt for _____
Description of missing receipt

in the amount of \$ _____ has been lost or misplaced.

This expense was incurred on _____
Period of claim - date

This expense has not and will not be claimed from any other source.

PAYEE/REQUESTER SIGNATURE

PRINT NAME

AUTHORIZING SIGNATURE
Program Director/Administrator

PRINT NAME

****All missing receipt forms must be accompanied by a credit card statement or bank statement showing the expense****