HAVERFORD

Expense Reimbursement
Missing Receipt Form

This form is to be used as documentation only if the actual receipt, invoice, or on-line order confirmation is unavailable for a single transaction with a total > $50 (not to be used for lodging expenses). It should only be used on an exception basis; repeated use of this form is considered non-compliant with Haverford College’s Expense Reimbursement Policy.

This form must be filled out COMPLETELY and signed by the employee and approver.

Employee Name: ________________________________

Department: ________________________________    KFS Account & Object Code: __________________

1) Why is the original receipt, invoice, or on-line order confirmation missing?

______________________________________________________________________________________

2) Have you attempted to obtain a duplicate receipt from the credit card company? Yes_____ No____

3) Have you attempted to obtain a duplicate receipt from the vendor? Yes_____ No____

If your response to questions 2 & 3 are both No, please attempt to obtain a receipt from either of these sources. If you did attempt and were unsuccessful, please complete the following:

Vendor Name: ________________________________    Date of Purchase: ________________________

Transaction Details:

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Business Purpose</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Cost $________

Employee: By signing this form I certify that the above transaction was made for Haverford College related business only:

Signature: ________________________    Date: ________________________

Approver: (immediate supervisor or department head) By signing this form I agree that the above transaction was made for Haverford College related business only:

Signature: ________________________    Date: ________________________

FY2017