|  |  |
| --- | --- |
|  | **Missing Receipt Declaration** |

When a receipt is not available or has been lost and all measures to obtain a copy, email, or fax have been exhausted, this Missing Receipt Declaration should be completed by the person who incurred the expense. It must be signed by your approving supervisor and submitted to Faith Chapel's Accounts Payable Department.

**I am missing a receipt for:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Description of item*

|  |
| --- |
| **I incurred this expense at:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **on:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Supplier* *Date* |
| **for:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Price in U.S. Dollars* |

**The receipt was** (check applicable):

Lost Never Received Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please explain “Other”)

**The form of payment I used was** (check applicable):

Credit Card Check Cash

**Please describe this transaction’s business purpose:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that a Missing Receipt Declaration may not be completed on a routine basis and that overuse may revoke the privilege of providing a declaration in lieu of a receipt. By signing below, I certify that the amount shown is the amount actually paid. I understand that violation of this policy may result in disciplinary action, including personal reimbursement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Approving* *Supervisor*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

FCMissingReceiptrev02/2017