

Missing Expense Receipt Voucher

Date of Expense: _____

Paid to: _____

Amount of Expense: _____

Check Number: _____

Reason for expense, such as a meal (names of individuals attending and purpose of meal), Equipment (list items purchased), etc.: _____

Account(s) to be charged:

Fund	Cost Center	Internal Order	G/L Account	\$ Amount

Reason for not submitting original receipt: Lost Rec

Signature of person responsible
for missing receipt

Date