



All requests for payments or reimbursements without a receipt or with only a photocopy of the receipt must be approved by the appropriate AVP, Vice President, Dean, Vice Provost, Provost or Vice Chancellor.

Employee Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Total Amount of Purchase: \_\_\_\_\_

Name of Vendor: \_\_\_\_\_

Item (s) Purchased

Reason for Purchase

Reason/Justification for Missing Receipt.

By signing below, the employee certifies that the above expense has not been previously submitted for payment and will not be submitted in the future.

Employee Name and Title: \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Manager Name and Title: \_\_\_\_\_ Financial Mgr's Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Name and Title: \_\_\_\_\_ Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employee must submit this form with payment request.**