

**Texas Tech University Procurement Services Division**

**Missing Original Receipt Form**

*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 #

Department

Date of Purchase

Total Amt 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 Mgr 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.**