



LOST/MISSING RECEIPT FORM

RECEIPT INFORMATION (Please Print or Type)

Team	
Date of Receipt	
Total Amount of Receipt (including taxes)	
Vendor Name	
Description of Goods and/or Services	
Reason Receipt Lost/Missing	

CLAIMANT NAME (Please Print or Type)

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Signature(s):	
Date:	

Please attach this form to your Expense Report or Cheque Requisition