

ORAL ROBERTS UNIVERSITY

MISSING RECEIPT FORM

This form is **REQUIRED** for lost or missing receipts for reimbursements. For purchasing card charges, this form should be used for **EACH** missing receipt, regardless of dollar amount.

Merchant Name: _____

Merchant Location/Address: _____

Date of Purchase: _____

Description (list of items purchased): _____

Business Purpose: _____

Purchase Amount: \$ _____

Explanation for why receipt is not available: _____

By signing my name below, I, _____, certify the following:

(Type or Clearly Print Name)

- 1) This purchase was made for OFFICIAL university business;
- 2) I am aware the University requires original receipts for all purchases and by completing this missing receipt form, I acknowledge that I may be in violation of university policy, depending upon the circumstances;
- 3) If this purchase was made on a university credit card, the card *may* be suspended for not providing original receipts.

SIGNATURE OF PURCHASER/ DATE

SIGNATURE OF DEPT HEAD/ APPROVER DATE

Please attach this form to your reimbursement request or purchasing card statement. If you have any questions, please call Ruth Miller ext. 7170