Occidental College Form
Missing Receipt Declaration

Purpose: A Missing Receipt Declaration is completed whenever a reimbursement or Occidental Visa Card receipt for a transaction is lost or otherwise unavailable and all measures to obtain a copy have been exhausted.

Process:
- The responsible individual completes a Declaration for each missing receipt.
- The individual signs and dates the Declaration.
- The individual submits the signed Declaration to his/her supervisor with the Expense Reimbursement Form or Visa Card Program Expense Report.
- The supervisor reviews the Declaration, signs it, and dates it to authorize acceptance of the Declaration in lieu of the missing receipt.

Please complete a separate Declaration for each missing receipt

Name (please print): ____________________________

I am missing a receipt for: ____________________________________________________________

I incurred this expense at: _____________________________________________________________

On: _______________ For: $ _______________

The receipt was:
☐ Lost
☐ Never received
☐ Other ____________________________

The form of payment I used was:
☐ Cash
☐ Occidental College Visa card
☐ Personal credit card
☐ Personal check
☐ Other ____________________________

Business purpose of the transaction:

Persons involved (if expense is related to travel or entertainment):

__________________________________________________________

I understand that I am responsible for collecting and submitting original receipts for all Occidental-related purchases and that a Missing Receipt Declaration should only be used on rare occasions. I certify that the amount above is the amount I actually paid, that I have not and will not submit a duplicate claim, and that I have not and will not seek reimbursement from any other source.

Signature ____________________________ Date _______________

Divisional Vice President ____________________________ Date _______________

To: Vice President for Finance and Planning

Please review the above noted expenditure and sign below to indicate your approval to reimburse the employee for the above expense.

Vice President for Finance and Planning ____________________________ Date _______________