



MISSING/SUBSTITUTE RECEIPT FORM

This form is to be used as documentation for a missing receipt ONLY after attempts to obtain a duplicate receipt from the Merchant have failed.

- Purchases deemed unallowable with UW funds are not eligible for personal reimbursement. Purchases deemed unallowable made with UW payment methods must be reimbursed to the university.
- Supporting documentation is required for all university expenses. Original supporting documentation is preferred, and use of this form should be infrequent and only when original documentation has been lost or is otherwise no longer available.
- Frequent use of this form may result in rejection of a reimbursement request or P-Card violation including suspension or cancellation.

Attach the Missing/Substitute Receipt Form and proof of payment to the expense report.

Incomplete submissions will be returned.

TRANSACTION INFORMATION

Today's Date _____

UW P-Card Transaction No Yes Cardholder Name _____

Department Name _____ Last 4-digits of P-Card _____

Employee _____ Email Address _____

Transaction Date _____ Expense Report Number _____

Merchant Name _____

Merchant Location/Address _____

EXPLANATION AND ACTION TAKEN

Incomplete narratives will be returned. Please attach any relevant correspondence with the Merchant.

Explain why a receipt is not available

Describe steps taken to obtain a duplicate receipt

PURCHASE INFORMATION

Description of Item(s) _____ Quantity _____ Cost \$ _____

Description of Item(s) _____ Quantity _____ Cost \$ _____

Description of Item(s) _____ Quantity _____ Cost \$ _____

Total Transaction Amount \$ _____

Employee/Cardholder Certification Signature

I certify that I have made an earnest effort to locate or obtain a receipt. I affirm that this expense is not fraudulent in any way. The Employee/Cardholder understands that the University requires original itemized receipts for all purchases made with University of Wyoming funds.

Employee/Cardholder's Name _____ Signature _____ Date _____

Approval Authority Certification Signature (Department Head, Director, Dean, Associate Vice President, Vice President, President)

Approval Authority's Name _____ Signature _____ Date _____