



## MISSING OR LOST RECEIPT DECLARATION FORM

Please use this form only for infrequent, exceptional circumstances when a required receipt is missing for an expense reimbursement or P-Card charge (regardless of amount or the vendor). This form is not a substitute for routinely providing itemized receipts. By submitting this attachment as part of my Workday Expense Report, I verify that the transactions are valid, authorized expenses related to Pitzer College business, and comply with College policies and procedures. The information provided within this form is accurate and true. No reimbursement of this expense has been or will be sought or accepted from any other source. Please mark boxes below as applicable.

I hereby certify that I paid or used a Pitzer P-Card for the following expenses and that:

1. For gratuities, parking, taxi or bus fare, etc.

No Receipt was provided

Missing or lost receipt

2. These expenses were incurred in the conduct of official business.

3. I have made no previous claims for these expenses.

| <u>DATE OF EXPENSE</u> | <u>DESCRIPTION/BUSINESS PURPOSE</u> | <u>AMOUNT</u> | <u>PAID WITH P-CARD?</u> |    |
|------------------------|-------------------------------------|---------------|--------------------------|----|
| _____                  | _____                               | _____         | Yes                      | No |
| _____                  | _____                               | _____         | Yes                      | No |
| _____                  | _____                               | _____         | Yes                      | No |
| _____                  | _____                               | _____         | Yes                      | No |
| _____                  | _____                               | _____         | Yes                      | No |
| _____                  | _____                               | _____         | Yes                      | No |
| _____                  | _____                               | _____         | Yes                      | No |
| _____                  | _____                               | _____         | Yes                      | No |
| _____                  | _____                               | _____         | Yes                      | No |
| _____                  | _____                               | _____         | Yes                      | No |
| TOTAL:                 |                                     | _____         |                          |    |

Submitted by:

\_\_\_\_\_  
Name