

**PERSONAL REIMBURSEMENT MISSING RECEIPT MEMO**

*If all measures to obtain a required missing receipt have been exhausted, this Missing Receipt Memo should be completed by the person (Claimant) who incurred the expense.*

*Claimant must show some proof of payment (e.g. a credit card statement, cancelled check, etc.)*

**To: UFS Campus Accounting Services:**

Please accept this memorandum as certification of the missing receipt. I certify that this expense was incurred on behalf of University business.

**NON-HOSTING PURCHASE:**

Date of Purchase: \_\_\_\_\_ Amount of Purchase: \$ \_\_\_\_\_

Vendor: \_\_\_\_\_

Item (s) Purchased: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Explanation for missing receipt and action(s) taken to retrieve duplicate receipt:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR HOSTING:**

All hosting must follow hosting guidelines:

[http://www.pdx.edu/sites/www.pdx.edu.financial-services/files/PSU\\_Hosting\\_Guidelines.pdf](http://www.pdx.edu/sites/www.pdx.edu.financial-services/files/PSU_Hosting_Guidelines.pdf)

Date of Meal: \_\_\_\_\_ Meal Amount: \$ \_\_\_\_\_ Gratuity Amount: \$ \_\_\_\_\_ Alcoholic Beverages: \$ \_\_\_\_\_  
(Not reimbursable)

Name and Title of guest/s (required for meal purchases):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that a Missing Receipt Memo may not be completed on a routine basis and that overuse may revoke the privilege of providing a Memo in lieu of a receipt. I certify that the amount shown is the amount actually paid, that I have not and will not submit a duplicate claim, and that I have not and will not seek a claim for these expenses from any other source. I understand that a pattern of missing receipts may result in a reduction of reimbursement.*

<b><u>Claimant</u></b>	<b><u>Departmental Approval</u></b>
<p>_____</p> <p>Signature <span style="float:right">Date</span></p> <p>_____</p> <p>Print Name &amp; Title</p>	<p>_____</p> <p>Signature <span style="float:right">Date</span></p> <p>_____</p> <p>Print Name &amp; Title</p>

This memo should be attached to the Personal Reimbursement Request.