



Lake Sumter  
State College

## Missing Receipt Form

**Date of Purchase**

**Location of Purchase (Include vendor name and address)**

**Amount Spent**

**Items Purchased**

**Reason receipt is missing and why you cannot obtain a copy**

I understand that a Missing Receipt Form may not be completed on a routine basis and that overuse may revoke the privilege of providing a Missing Receipt Form 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 violation of this policy may result in disciplinary action, including termination.

**Employee Name**

**Employee's Signature**

**Date**

**Approving Manager's Name**

**Approving Manager's Signature**

**Date**