

MISSING RECEIPT FORM

	UBC Central Accou Requisitions Proce		FROM:		
DATE:			PHONE/email:		
RE: Ori	e Report #: EXP ginal Receipts/Inv	oices	ceipts have been lost c	or misplaced:	
Date Purch	e of Vend	dor	Item purchased escription/purpose)	Amount*	WorkTag
*amount	t in original purchas	e currency			
These e	xpenses are billabl	e to Work Tag ID	# as itemized above.		
Travel a	dvance payment re	ference (if this is	to liquidate/clear the a	dvance): EXP	· · · · · · · · · · · · · · · · · · ·
These e	xpenses have not a	and will not be cla	imed from any other so	ource.	
PAYEE,	Print Name & SIG	INATURE		pproved, Print N e admin level hig	ame & SIGNATURE her than payee)

1) For Research Grants, please specify if there are any alcohol purchases included in the meal expense.