

EXPENSE CERTIFICATION FORM

This form should be used when receipts are not available to justify amounts being reimbursed.

Name of Claimant: _____ SSN: _____

Department: _____ Date: _____

Unavailable Receipt – List each reimbursable item claimed including the date, description, amount, and reason for the lack of a receipt.

1. Date: _____ Description: _____ Amount Paid: _____

Reason: _____

2. Date: _____ Description: _____ Amount Paid: _____

Reason: _____

3. Date: _____ Description: _____ Amount Paid: _____

Reason: _____

I certify that the above expenditures were incurred for University business and have not and will not be paid by any other source.

Claimant Signature: _____ Date: _____

Approval of Fiscal Officer: _____ Date: _____

Approval of Administrative Head:
(if required) _____ Date: _____