

# MISSING RECEIPT DECLARATION

## Employee Travel & Expense Reimbursement

**Purpose:** If all measures to obtain a required missing receipt have been exhausted, this **Missing Receipt Declaration** form must be completed by the employee who incurred the expense and is seeking reimbursement from the State of Vermont. This form is to be used only for an allowable, reimbursable expense (in accordance with Agency of Administration *Bulletin 3.4: Employee Travel & Expense Policy*) that was paid for with the employee's personal funds; it is not to be used for State purchasing card (P-Card) transactions. The form must be signed by the employee and the employee's supervisor, and submitted to the department's expense coordinator.

EMPLOYEE NAME		EMPLOYEE ID	
EXPENSE REPORT #			

<b>I am missing a receipt for (description of expense/purchase):</b>

<b>I incurred this expense at:</b>			
VENDOR NAME			
ON THIS DATE(S)		FOR THIS AMOUNT	

The receipt was (check one):

Lost       Never Received       Damaged Beyond Use       Other

If "Other" provide explanation: \_\_\_\_\_

The form of payment I used was (check one):

Cash       Personal Check       Personal Credit / Debit Card       Other

If "Other" provide explanation: \_\_\_\_\_

**Employee Certification:** I acknowledge that a **Missing Receipt Declaration** may not be used on a routine basis and that excessive use may result in revoking the privilege of providing a **Declaration** in lieu of a receipt. I certify that the information provided above is accurate, that I have not and will not submit a duplicate claim, and that I have not and will not seek reimbursement for this expense from any other source. I understand that intentional misrepresentation of any information on this form may result in disciplinary action, including possible termination of employment.

\_\_\_\_\_  
**Employee Signature & Date**

\_\_\_\_\_  
**Supervisor Printed Name**

\_\_\_\_\_  
**Supervisor Signature & Date**