

Missing Receipt Form

I am requesting reimbursement for the following expense(s) for which the itemized receipt is unavailable for my accounting.

Name: _____ Ministry: _____

Detailed Reason for Missing Receipt _____

Date: _____ Total Amount: _____

Charge To: _____ Amount: _____

Account Number _____

Account Number _____

Account Number _____

Account Number _____

Merchant/Payee Name: _____

Street Address: _____ City, State, Zip Code: _____

Detailed Description of Expenditure: _____

By signing below, I am certifying that the above amounts are appropriate ministry expenses incurred by me.

Authorized Signature _____ Date: _____

Accepted By: _____ Date: _____