



LOST RECEIPT DECLARATION FORM

LOST RECEIPT

If a duplicate cannot be obtained, for reasonable expenses, the employee/claimant must submit the following signed form with their Travel Claim and/or Expense Claim for reimbursement to the Accounting Office. This form should also be submitted with Corporate Credit Card Statements if receipts have been lost.

PLEASE NOTE: You must fill out one form per lost receipt. This form is not meant to replace obtaining receipts.

Re: Original Receipt

I, _____ hereby declare that I have lost or accidentally destroyed the original receipt. I further declare that I have not and will not use this receipt (if found) to claim reimbursement from any other source, or to support any claim for income tax deductions in the future.

A detailed list of the goods or services purchased is as follows:

Vendor Name: _____
(Name of store, hotel, airline, restaurant, etc.)

Date of Purchase: _____

Amount of Purchase: _____

Description of goods/services purchased: _____

Printed Name of Claimant

Department

Signature of Claimant

Date

Printed Name of Director, Dean or Chair

Signature of Director, Dean or Chair

Date

FIN0092(27032019)

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 31(c) of the PEI Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of reconciling and reimbursing travel claims. Direct any questions about this collection to Financial Services, University of Prince Edward Island, 550 University Avenue, Charlottetown PE C1A 4P3 (902)566-6000.