

**Missing Original Document**

Date Requested	Department Name	Contact Person	Phone	
			E-mail	

<input type="checkbox"/>	Original receipts, invoice or other documentation is on file elsewhere
	Location of original documentation

<input type="checkbox"/>	Original receipts, invoice or other documentation is lost – <b>Complete Acknowledgement Below</b>
	<p>I _____ do certify the expense at _____ for          (Print Name) (Vendor)</p> <p>_____ in the amount of _____ was          (Explanation of Expense)</p> <p>incurred by me personally on _____.          (Date)</p> <p>_____          Signature</p>

<input type="checkbox"/>	Other Explanation – Describe Below

**Approval**

Account Custodian		Date
Department Head		Date

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Please complete form and attach to check request.  
 Should you have any questions, please call Bobette Black at the Foundation at 861-0855.