

UNIVERSITY SYSTEM OF NEW HAMPSHIRE  
LOST-DOCUMENT RECEIPT FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

Please complete this form only if the actual receipt or invoice is unavailable and you have made a good faith effort to obtain a duplicate receipt from the vendor.

Business (vendor) Name	Date of purchase	Expense Description	Amount
		1.	\$
		2.	
		3.	
		4.	
		Total	\$

Why is the original receipt or invoice missing?

---



---



---

Explain what effort was made to get a duplicate receipt:

---



---



---



---

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_  
(Dean, Director, Dept Head, Bus. Mgr, or Supervisor)

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_ B