**MISSING ITEMIZED RECEIPT AFFIDAVIT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Form Missing Itemized Receipt** |  |  |  |

□ Travel & Conference □ Petty Cash □ Payment Reimb. Request □ Revolving Cash Expense □ Procurement Card

|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt/Vendor Information** |  |  |  |

| Transaction Date: | Total Transaction Amount: |
| --- | --- |
| Name of Vendor: | Contact Person: |
| Vendor Address: | Phone Number: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Expenses Incurred** |  |  |  |

| Date | Description and Justification of Expense | Amount |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |

Explain Method of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for Missing Receipt(s)** |  |  |  |

□ Lost Receipt □ Never Received □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Give a detailed description of why receipt is missing and the steps taken to obtain an original itemized receipt or replacement receipt:  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Claimant Certification** |  |  |  |

| Claimant Name: | Banner ID: |
| --- | --- |
| Department: | Immediate Manager: |

By signing below, I am certifying that the above amount is an appropriate business expense incurred by me on behalf of Mt. San Antonio College and that I have not and will not submit a duplicate expense claim. I further certify that this expense excludes any expenses for alcoholic beverages or excessive tips.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_
Claimant Signature Date Immediate Manager Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorization** |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

President/Vice President’s Approval Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Fiscal Services Use (only)** |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assoc. V. P. of Fiscal Services or Designee Date

**MISSING ITEMIZED RECEIPT AFFIDAVIT INSTRUCTIONS**

The use of Missing Itemized Receipt Affidavit, in lieu of receipts, should be rare and should only be used after every reasonable attempt to obtain an original or replacement receipt has been made.

1. If the original itemized receipt is missing, the claimant must contact the vendor and request a replacement receipt.
2. If the vendor does not provide an original itemized or replacement receipt, complete the Missing Itemized Receipt Affidavit.
3. Attach an alternative proof of payment to your completed form (e.g. copy of credit card statement, front and back copy of cancelled check, packing slip with price list from vendor, etc.)
4. Submit to Immediate Manager for approval.
5. Forward to President/Vice President of the area for further approval.
6. The President/Vice President will then forward to Fiscal Services to the attention of the Associate Vice President of Fiscal Services for final review and reimbursement.