

## STUDENT ACTIVITIES BUSINESS OFFICE LOST RECEIPT CERTIFICATION FORM

## THIS COMPLETED FORM SHOULD BE SUBMITTED WITH AN EXPENSE ITEM AS AN ATTACHMENT

If an original receipt is lost, the requester must ask the merchant for a duplicate. If the merchant is unable to provide a duplicate, the traveler or requester must indicate that they attempted to secure a copy of the lost receipt. A "Lost Receipt Certification Form" must be completed for each lost receipt and attached to the check request.

This certification attests to the following:

a)	No original receipt is available for this expense. Please che	ck applicable statements below:
	☐ A duplicate receipt obtained from the merchan	it is attached.
	☐ The merchant is unable to provide a duplicate	receipt.
	☐ Proof of payment is attached, (i.e., credit card	statement, cancelled check, etc.) NOTE: This proof is required.
b)	b) The expense was incurred on behalf of the University/Student Organization.	
c)	c) The item and amount of the expense is accurate	
d) No reimbursement of this expense has been or will be sought, or accepted from another source.		
Please provide a brief description of the expense.		
Name(s) and contact information for the Rutgers' student responsible for lost receipt/s:		
SABO ACCOUNT NAME AND NUMBER:		
REQUE	ESTER NAME:	
PHONE	<del>.</del>	
RUTGE	ERS EMAIL:	
Date E	xpense Incurred:	Amount: \$
Merchant Information:		
Mercha	ant Information:	
Mercha	ant Information:	
	ent Information:  ption of Expense (attach additional sheets, if necessary):	
Descri	ption of Expense (attach additional sheets, if necessary):	
	ption of Expense (attach additional sheets, if necessary):	
Descri	ption of Expense (attach additional sheets, if necessary):	
Descri	ption of Expense (attach additional sheets, if necessary):	
Reque Signar	ption of Expense (attach additional sheets, if necessary): ester:	
Reque Signar	ption of Expense (attach additional sheets, if necessary):	
Reques Signar	ption of Expense (attach additional sheets, if necessary): ester:	
Requestion Signate Name Title:	ption of Expense (attach additional sheets, if necessary):  ester:  ture	