## College of Natural Resources

## **EXPLANATION OF LOST RECEIPT**

| Index#   | Card Number (last 4 digits ONLY) | CNR Motor Pool Fleet Vehicle Plate Number |
|--|----------------------------------|---|
| Name of Purchaser  | Name of Vendor                   | Vendor Address                            |
|  |                                  |   |
|  |                                  | City State Zip                            |
| Date of Receipt  | Total Cost                       | Vendor Telephone Number                   |
|  |                                  |   |
|  |                                  |   |
|  |                                  |   |
|  |                                  |   |
| Is this a P-Card Purchase? Y N   |                                  |   |
| If Yes, please read the statement below and initial your understanding.  |                                  |   |
| I understand P-card transactions without a receipt will be moved to my personal account. I may then file for out-of- pocket reimbursement.  Initials |                                  |   |
| I understand it is my responsibility to ensure that the expenses moved to my personal account are then repaid to the university.                     |                                  |   |
| I understand that continued lost receipts on P-card purchases will result in termination of my P-card privileges.                                    |                                  |   |
|  |                                  |   |
| Detailed description of Expense and how it relates to the budget listed above:   |                                  |   |
|  |                                  |   |
|  |                                  |   |
|  |                                  |   |
|  |                                  |   |
|  |                                  |   |

## Expense certification:

While conducting business for the University of Idaho, I incurred the expense described above. I have lost, misplaced, or did not receive the receipt documenting payment. I am submitting this explanation in lieu of the missing receipt.

I certify that these are proper charges for cost incurred for official University of Idaho business and that I have not previously requested nor will I again request reimbursement for these expenses.

| Purchaser Signature   | Date |
|---|------|
| Approving Authority Signature (Dean's-level approvers only) | Date |