

Lost Receipt Form - Employee Expense Report

Please complete this form for any business expense where the original receipt is missing or unavailable. Submit this form along with your expense report for review and reimbursement consideration.

Employee Name:

Employee ID:

Department:

Expense Date:

Merchant/Vendor Name:

Amount (USD):

Expense Type:

Expense Description:

Reason for Lost/Missing Receipt:

Efforts Made to Obtain Duplicate Receipt:



I certify the information provided is correct and this expense was incurred for legitimate business purposes.

Employee Signature:

Date:

Manager Approval (Signature):

Date:

Submit