

# Lost Receipt Report Form

Employee Name:

Department:

Date of Purchase:

Vendor/Store Name:

Total Amount (USD):

Reason for Loss:

-- Select Reason --

Additional Details / Explanation:

Please provide a clear explanation for the lost receipt...

Action Taken to Recover Receipt:

E.g., contacted vendor, searched records, etc.

Employee Signature:

Date:

Submit Report

**Note:** Submission of this form affirms that the information provided is accurate to the best of your knowledge. False claims may result in disciplinary action.