College of Engineering Lost Receipt Form

*Please Note: Any transaction requiring a lost receipt form cannot be charged to a grant.*

Date of Transaction: __________________________________ Vendor Name: __________________________

Amount of Charge: __________________________

Materials Purchased: __________________________________________________________

For meals missing receipts, was alcohol purchased? Yes ________  If yes, amount spent on alcohol: ______

Explain actions taken to acquire duplicate receipt to comply with University guidelines:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Allocated to Purpose (UD Speedtype) ____________________________  Allocated to Purpose (UD Speedtype) ____________________________

Allocated to Account: ____________________________  Allocated to Account: ____________________________

Cardholder Name: ____________________________________________

Cardholder Signature: _________________________________________ Date: ________________________

Administrator Signature: ____________________________  Date: ________________________