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**UNIVERSITY SYSTEM OF NEW HAMPSHIRE  
LOST-DOCUMENT RECEIPT FORM**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

Please complete this form only if the actual receipt or invoice is unavailable and you have made a good faith effort to obtain a duplicate receipt from the supplier.

Business (vendor) Name	Date of purchase	Expense Description	Amount
		1.	
		2.	
		3.	
		4.	
<b>Total</b>			

Why is the original receipt or invoice missing?

Explain what effort was made to get a duplicate receipt:

I understand that a Lost-Document Receipt Form may not be completed on a routine basis and that overuse may revoke the privilege of providing a Lost-Document Receipt Form in lieu of an original receipt.

By signing below, I hereby certify that the amount shown is the amount actually paid, that I have not and will not submit a duplicate claim, and that I have not and will not seek a claim for these expenses from any other source.

I understand that lack of compliance with the above will be managed in accordance with all USNH policies. I also understand that it is my responsibility to upload this signed form in Workday to my expense report for the transaction identified in this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_