

**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 vendor.

Business (vendor) Name	Date of purchase	Expense Description	Amount
		1	
		2	
		3	
		4	
Total			

Please provide FOAPAL where to record this expense

\_\_\_\_\_ **FUND-ORG-ACCT-PRG-ACTIVITY-LOCATION**

What was the business purpose of this purchase?

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Why is the original receipt or invoice missing?

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Explain what effort was made to get a duplicate receipt:

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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 USNH personnel policies.

\_\_\_\_\_  
Signature ( PRINT)

\_\_\_\_\_  
Date ( PRINT)

\_\_\_\_\_  
Approved by  
(Dean, Director, Dept Head, Bus. Mgr., or Supervisor)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Approver Signature (PRINT)

\_\_\_\_\_  
Date (PRINT)