If an original receipt is lost, the reimbursee should first ask for a duplicate receipt from the merchant or vendor. If a duplicate is not available, then a lost receipt form should accompany your reimbursement request. A credit card statement or bank statement may be attached to this form to verify the amount to be reimbursed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **This certification attests to the following:** | | | | |
| 1. No original receipt is available for this expense. Please check applicable statement below. | | | | |  |
| □ A credit card or bank statement is attached to verify amount. | | | | |  |
| □ The merchant or billing agency is unable to provide a duplicate receipt. | | | | |  |
| 1. The expense was incurred on behalf of: | | | | |  |
| **Chapter Name:** |  | |
| 1. The item and amount of the expense are accurate | |
|  | |
| **Merchant Name:**  **(Payee/Vendor)** | |  | |
| **Location:**  **(City)(State)** | |  | |

|  |  |
| --- | --- |
| **Description of Expenditure:** | |
|  | | | |  | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | **Amount$:** |  | **Date:** |  | | | | | | |
|  |  | | | | |
|  | | |  | | |
| **Reimbursee Name:** | | |  | | |
| (Last)(First)(Middle Initial) | | | | |
| **Reimbursee Signature:** | | |  | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| **Authorized Chapter Contact Name:** |  | |
|  | |
| **Authorized Chapter Contact Signature:** |  | |

(Date)