



LOST RECEIPT(S) FORM

This form takes the place of a missing Purchase Card Transaction receipt. For audit purposes, please complete and submit to your Departmental Card Coordinator with your usual monthly billing statement.

I _____ hereby certify that the original UBC Purchase Card receipt for the transaction detailed below, has been lost or misplaced.

Vendor Name	
Transaction Amount	
Item Description	

This expense was incurred on (date) _____ and is billable to

SPEEDCHART (4 alpha) <input type="text"/>	FMIS ACCOUNT (6 digits) <input type="text"/>
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This expense **has not and will not be claimed from any other source**. Where applicable, if a granting agency disallows this expense, the department will allocate the disallowed amount to another appropriate departmental Project Grant or GPOF cost centre.

X	<input type="text"/>	<input type="text"/>
CARDHOLDER SIGNATURE	CARD NUMBER	
X	<input type="text"/>	<input type="text"/>
VP/DEAN/DEPT HEAD/DIRECTOR SIGNATURE (At least 1 admin level higher than Cardholder)	NAME & TITLE	DATE