

Traveler's/Employee's Name : _____
(Last, First MI)

**TRAVEL/EMPLOYEE REIMBURSEMENT MISSING ITEMIZED RECEIPT/
DOCUMENTATION AFFIDAVIT**
University of Massachusetts Amherst

TO BE COMPLETED BY TRAVELER/EMPLOYEE AND PLACED WITH EXPENSE REPORT

Please complete in full and sign this form. Please have this form signed off by your supervisor and keep this form in place of the missing receipt with the expense report or disbursement voucher.

Description	Total Price
TOTAL:	

I certify that the receipt/documentation described above was lost or not obtained and/or that I have been unable to obtain a duplicate from the vendor to which payment was made. The original has not nor will it be submitted for reimbursement to the University of Massachusetts or any other organization.

Date:	Employee's Signature incurring the expense	Employee's Tel #
Date:	Supervisor's Signature:	Supervisor's Name - Print: