



CERTIFICATION FOR MISSING RECEIPT

State Form 42275 (1-88)

Prescribed by State Board of Accounts, 1988

RECEIPT INFORMATION

Date Paid:	Amount Paid:
Payee: (Name of Firm, Person, etc.)	
Location:	(City) (State)
Description of Travel Expenses Incurred: _____ _____	
Statement of Reason for Not Having Receipt: _____ _____	

CLAIMANT CERTIFICATION

Date _____
I, _____, _____, (Employee / Other Claimant) (Title)
certify that the foregoing receipt related to authorized travel expense is not available or obtainable, and the information is true and accurate, and the amount shown is legally due.
Signature _____

AGENCY APPROVAL

The travel for which the following expense was incurred was authorized by me and appears reasonable and necessary.	
Signature of Supervisor _____	Approved-Agency Head _____

NOTE: When available, copies of receipts or other information from provider must be attached to support receipt information.

Copies (2) - Original with travel voucher, one copy with agency file.