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.