- 1. If the original receipt is illegible for any reason, the vendor should be contacted to request a replacement.
- 2. If the original receipt is missing for whatever reason, the employee must contact the vendor and request a replacement receipt.
- 3. In cases where the vendor will not provide a replacement receipt, or an affidavit verifying the purchase, the Illegible Receipt Form will be required for reimbursement.

4. The missing receipt for reimbursement form is intended if the following receipts are missing and the vendor cannot replace them.

- Airport Parking
- Taxi
- Tolls
- Metro
- Baggage Fees
- Gas Receipts

5. The form along with the illegible receipt should be attached as back-up to the reimbursement request.



\_ Phone: .

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_

### **SECTION 1: REQUESTOR INFORMATION**

Name:	
inaiiic.	-

Department: \_\_\_\_

\_\_\_ E-mail Address: \_

MSC: \_\_\_\_

# SECTION 2: REQUEST DETAILS - ATTACH ORIGINAL ILLEGIBLE RECEIPT

#### Vendor Information:

Name: \_\_\_\_

Address:

\_\_\_\_\_ City: \_\_\_\_\_

Contact Person:	Person: Contact Phone:	
Purchase Information:		
Date:		
Item(s) Purchased	Purpose	Cost
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
	Tax Charged (if applicable):	\$
Total Purchase (must equal total amount charged on receipt):		\$

## **SECTION 3: REQUESTOR SIGNATURE (Employee requesting reimbursement)**

Print Name: -----

— Signature: \_\_\_\_

### **SECTION 4: OFFICIAL APPROVAL**

A/P Travel Name: \_\_\_\_

\_\_\_\_\_ Signature: \_\_\_

\_ Date: \_

\_\_ Date: \_\_