



University
of Windsor

Lost Receipt Form

I hereby certify that the original receipt was lost, accidentally destroyed or unobtainable and that the information detailed below is complete and accurate.

Receipt Information

Date of Receipt: _____

Total Amount of Receipt (including taxes): _____

Vendor Name: _____

Description of Goods and / or Services:

Reason Receipt Was Lost:

Taxes (HST) Applicable:

Yes No

Alcohol Charges:

Yes No

If a "lost" meal receipt, does the receipt cover more than one individual? If so, please note individual name(s) and business purpose:

Claimant Signature

Claimant Name (please print)

Date

Please attached this form to your Travel Expense Form