TO: Financial Services
Requisitions Processing Section

FROM:

DATE: ________________________________

PHONE: ______________________________

TRAVEL CLAIM #TR___________________

REQUISITION #Q____________________

RE: Original Receipts/Invoices

I hereby certify that _____________________________________________________________

_amount$ __________________________

description of missing receipt in detail

has/have been lost or misplaced. This/These expense/s were incurred on ________________________

__ __________________________

date

and are billable to Project/Grant number ___________________________________________________.

These expenses have not and will not be claimed from any other source.

______________________________________
PAYEE/REQUESTER SIGNATURE

______________________________________
PRINT NAME

______________________________________
AUTHORIZED SIGNATURE

(at least one admin level higher than payee)

______________________________________
PRINT NAME

Notes:

1) For Research Grants, please specify if there were any purchased alcohol included in the meals expense.

2) The missing receipt form must be printed on “UBC” letterhead.