

# RANDOLPH COLLEGE

## MISSING RECEIPTS FORM

Merchant Name	Merchant Location/Address	Date of Purchase	Description-- List of items purchased	Business Purpose	Purchase Amount	Explanation for No Receipt

By signing my name below, I certify the following:

1. This purchase or purchases were made for OFFICIAL college business;
2. I am aware the College requires original receipts for all purchases and by completing the missing receipt form, I acknowledge that I may be in violation of college policy, depending upon the circumstances;
3. If this purchase or purchases were made on a college credit card, the card may be suspended for not providing original receipts.

\_\_\_\_\_

SIGNATURE OF PURCHASER \_\_\_\_\_  
DATE

**Please attach this form to your reimbursement request.**