



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*