



Albert Einstein College of Medicine

# Accounts Payable Missing Receipt Affidavit

*For use with accounts payable travel reimbursement and request for payment processing. Maximum amount per receipt - \$50.00.*

If original receipt is missing for whatever reason, the requestor must first contact the vendor to request a replacement. If the vendor will not provide a replacement receipt or an affidavit verifying the purchase or payment, this form must be filled out by the requestor and signed by the department head/chairperson. This form is submitted in lieu of the original receipt. A requestor cannot approve their own affidavit.

I, \_\_\_\_\_, have either not received or misplaced one or more receipts totaling \$ \_\_\_\_\_. This expense was incurred on behalf of Albert Einstein College of Medicine.

REQUIRED: Detailed description of charge:

Date	Vendor Name	Detailed description of item(s) purchased	Amount (Qty x Unit Price)
<b>Total</b>			

I certify that the amounts shown above were expended for an appropriate Albert Einstein College of Medicine business purpose and original receipts have not been or will not be submitted for reimbursement. I understand that repeated lack of documentation could result in disciplinary action.

**Requestor**

Name (print): \_\_\_\_\_

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

**Authorized Approver (Department Head/Chairperson)**

Name (print): \_\_\_\_\_

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