



Lost or Unusual Receipt Memo

(Must be attached to check request)

Date Of Purchase	
Vendor Name	
Vendor Address	
City, State, Zip	

Qty	Description of item Purchased	Unit Price	Total Price
		Tax	
		Shipping	
		Total	

Explanation for above- referenced missing or unusual receipt:

Checking this box ensures the missing receipt(s) did not include the purchase of alcoholic beverages.

I certify that I incurred the above listed amount in authorized expenses for Associated Students HSU and the original receipts were lost or are unusual. I am requesting reimbursement for these expenses and I have not been reimbursed for these expenses by any other party.

 Recipient Signature Date

 Program Budget Administrator/Advisor Date

 AS General Manager Approval Date