Statement in Lieu of Receipt

Complete this form to document and support a transaction when the receipt is lost or unattainable. Attach this form to the cash advance reconciliation required to be provided to Disbursement Services.

Employee Name	**Employee Email**
Employee Z#	**Cash Advance date received**

Date	**Merchant name**	**Location**	**Dollar Amount**	**Business purpose**

I certify that the expenses outlined above are valid and accurate. The expenses listed above were paid using the cash advance that was issued to me prior to my business trip. I have completed the required reconciliation.

Employee Signature:	**Date:**