



## MISSING RECEIPT FORM

**Date of Purchase/Service:**

**Vender Name:**

**Description of Purchase:**

**Dollar Amount:**

**Steps taken to obtain receipt:**

By signing below, I am certifying that the answers above are correct, and I have made every effort to obtain the proper documentation but was unsuccessful. Additionally, I have included approval documentation for this purchase and attest that the expense was necessary to perform my job responsibilities on behalf of the Washington Institute for Coagulation d/b/a WACBD.

**Date:**

**Employee Name:**

**Signature:**

**Supervisor Name:**

**Signature:**

***Friendly Reminder! This form should be used only occasionally as a last resort.  
It is preferred to obtain an itemized receipt/invoice from all vendors.***